

MASTER PRECERTIFICATION LIST

For Providers

October 25, 2019

Code	Code Description	Addition / Removal
Revenue Code 0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program; Added 02/27/2016
Revenue Code 0870	Cell/Gene Therapy - General Classification	Added 04/01/2019
Revenue Code 0871	Cell/Gene Therapy - Cell Collection	Added 04/01/2019
Revenue Code 0872	Cell/Gene Therapy - Specialized Biologic Processing And Storage - Prior To Transport	Added 04/01/2019
Revenue Code 0873	Cell/Gene Therapy - Storage And Processing After Receipt Of Cells From Manufacturer	Added 04/01/2019
Revenue Code 0874	Cell/Gene Therapy - Infusion Of Modified Cells	Added 04/01/2019
Revenue Code 0875	Cell/Gene Therapy - Injection Of Modified Cells	Added 04/01/2019
Revenue Code 0890	Pharmacy - Extension Of 025X And 063X - Reserved (Use 0250 For General Classification)	Added 04/01/2019
Revenue Code 0891	Pharmacy - Extension Of 025X And 063X - Special Processed Drugs – FDA Approved Cell Therapy	Added 04/01/2019
Revenue Code 0905	Intensive outpatient services-psychiatric	Added 08/27/2015
Revenue Code 0906	Intensive outpatient services-chemical dependency	Added 08/27/2015
Revenue Code 0907	Community behavioral health program (day treatment)	Added 08/27/2015
Revenue Code 0912	Partial hospitalization-less intensive	Added 08/27/2015
Revenue Code 0913	Partial hospitalization- intensive	Added 08/27/2015
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Added 07/01/2013; Removed 10/01/2018
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
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	Added 07/01/2014; Removed 01/01/2019
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	Added 01/01/2015; Removed 02/17/2017

0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	Added 01/01/2018; Removed 10/01/2018
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Added 04/01/2018; Removed 10/01/2018
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Added 04/01/2018; Removed 10/01/2018
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Removed 01/01/2019
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	Removed 01/01/2019
0053T	Replacement or repair of implantable or components of total replacement heart system (artificial heart), excluding thoracic unit	Removed 01/01/2019
0058T	Cryopreservation; reproductive tissue, ovarian	Added 07/01/2011
0059T	Cryopreservation; oocyte(s)	Added 07/01/2011; Removed 01/01/2019
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	Removed 02/26/2016
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Added 10/25/2019
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
0085T	Breath test for heart transplant rejection	
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Removed 02/26/2016
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure)	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	

0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace	
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	
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	
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	
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	Removed 02/26/2016
0190T	Placement intraocular radiation source	Removed 10/25/2019 Precertification was delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
0191T	Insertion aqueous drainage device internal approach	
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	Removed 10/25/2019
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	Removed 10/25/2019
0197T	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	Removed 02/26/2016
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
0199T	Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (inc frequency and amplitude) inc interpretation and report	Removed 02/26/2016
0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles	
0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles	
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	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	
0208T	Pure tone audiometry (threshold), automated; air only	
0209T	Pure tone audiometry (threshold), automated; air and bone	
0210T	Speech audiometry threshold, automated	
0211T	Speech audiometry threshold, automated; with speech recognition	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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	
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	
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	
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)	
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	Removed 02/26/2016
0227T	Anoscopy, high resolution (HRA) (with magnification and	Removed 02/26/2016

	chemical agent enhancement); with biopsy(ies)	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	Removed 02/26/2016
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;	
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation	Removed 01/01/2019
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
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
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
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

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
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
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
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
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
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
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
0274T	Percutaneous laminotomy/laminectomy (intradiscal 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
0275T	Percutaneous laminotomy/laminectomy (intradiscal 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

0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	Added 01/01/2012; Removed from Precert 02/17/2017
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	Added 01/01/2012
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
0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures,	Added 01/01/2012; Removed 01/01/2019
0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List se	Added 01/01/2012; Removed 01/01/2019
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Added 01/01/2012; Removed 02/26/2016
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Added 01/01/2012; Removed 02/26/2016
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	Added 01/01/2012; Removed 02/26/2016
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	Added 01/01/2012; Removed 02/26/2016
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Added 01/01/2012; Removed 01/01/2019
0300T	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 01/01/2012; Removed 01/01/2019
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermothera	Added 01/01/2012; Removed 01/01/2019
0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	Added 07/01/2012; Removed from Precert 3/31/2016
0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only	Added 07/01/2012; Removed 3/31/2016

0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only	Added 07/01/2012; Removed 3/31/2016
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Added 07/01/2012; Removed 3/31/2016
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Added 07/01/2012; Removed 3/31/2016
0307T	Removal of intracardiac ischemia monitoring device	Added 07/01/2012; Removed 3/31/2016
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	Added 07/01/2012
0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure)	Added 01/01/2013; Removed 01/01/2019
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	Added 01/01/2013; Removed 01/01/2019
0311T	Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report	Added 01/01/2013; Removed 02/26/2016
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
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
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Added 01/01/2013
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Added 01/01/2013
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Added 01/01/2013
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Added 01/01/2013
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode	Added 01/01/2013; Removed 02/26/2016
0320T	Insertion of subcutaneous defibrillator electrode	Added 01/01/2013; Removed 02/26/2016
0321T	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode	Added 01/01/2013; Removed 02/26/2016
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only	Added 01/01/2013; Removed 02/26/2016
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator	Added 01/01/2013; Removed 02/26/2016

0326T	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 01/01/2013; Removed 02/26/2016
0327T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Added 01/01/2013; Removed 02/26/2016
0328T	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; implantable subcutaneous lead defibrillator system	Added 01/01/2013 Removed 02/26/2016
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Added 07/01/2013
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Added 07/01/2013
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
0333T	Visual evoked potential, screening of visual acuity, automated	Added 07/01/2013
0334T	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)	Added 07/01/2013 Removed 02/26/2016
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Added 01/01/2014
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	Added 01/01/2014 Removed 10/25/2019
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
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
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	Added 01/01/2014; Removed 01/01/2019

0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	Added 01/01/2014
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Added 01/01/2014
0343T	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	Added 01/01/2014; Removed 02/26/2016
0344T	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 01/01/2014; Removed 02/26/2016
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Added 01/01/2014
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	Added 01/01/2014; Removed 10/01/2014
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Added 07/01/2014
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Added 07/01/2014
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Added 07/01/2014
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Added 07/01/2014
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Added 07/01/2014
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
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Added 07/01/2014
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Added 07/01/2014
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Added 07/01/2014
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Added 07/01/2014
0357T	Cryopreservation; immature oocyte(s)	Added 01/01/2015
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	Added 07/01/2014
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	Added 07/01/2014 Removed 10/25/2019

0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	Added 07/01/2014 Removed 10/25/2019
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	Added 07/01/2014 Removed 10/25/2019
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
0363T	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; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)	Added 07/01/2014 Removed 10/25/2019
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	Added 07/01/2014 Removed 10/25/2019
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Added 07/01/2014 Removed 10/25/2019
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	Added 07/01/2014 Removed 10/25/2019
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	Added 07/01/2014 Removed 10/25/2019
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	Added 07/01/2014 Removed 10/25/2019
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	Added 07/01/2014 Removed 10/25/2019
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Added 07/01/2014 Removed 10/25/2019
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	Added 07/01/2014 Removed 10/25/2019
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	Added 07/01/2014 Removed 10/25/2019

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
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)	Added 07/01/2014 Removed 10/25/2019
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	Added 01/01/2015
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
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	Added 01/01/2015
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
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
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	Added 01/01/2015
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
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
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
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

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
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
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	Added 01/01/2015 Removed 10/25/2019
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	Added 01/01/2015 Removed 10/25/2019
0389T	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, review and report, leadless pacemaker system	Added 01/01/2015 Removed 10/25/2019
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	Added 01/01/2015 Removed 10/25/2019
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	Added 01/01/2015 Removed 10/25/2019
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	Added 01/01/2016
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Added 01/01/2016
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Added 01/01/2016
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
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	Added 01/01/2016 Removed 10/25/2019
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Added 01/01/2016 Removed 10/25/2019
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	Added 01/01/2016

	performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	
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
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
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
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Added 01/01/2016
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Added 01/01/2016
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Added 01/01/2016
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Added 01/01/2016
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Added 01/01/2016
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
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
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
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Added 01/01/2016
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	Added 01/01/2016
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
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Added 01/01/2016
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Added 01/01/2016
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Added 01/01/2016
0429T	Removal of neurostimulator system for treatment of central sleep	Added 01/01/2016

	apnea; sensing lead only	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Added 01/01/2016
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Added 01/01/2016
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Added 01/01/2016
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Added 01/01/2016
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Added 01/01/2016
0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance	Added 07/01/2016; Removed 01/01/2019
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
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Added 07/01/2016
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Added 07/01/2016
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Added 07/01/2016
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Added 07/01/2016
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
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
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Added 01/01/2017
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Added 01/01/2017
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
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Added 01/01/2017
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
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	Added 01/01/2017

	graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	
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
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
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
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
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	Added 01/01/2017
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	Added 01/01/2017
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	Added 01/01/2017
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano- electrical skin interface and electrodes	Added to Precert 01/01/2017
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	Added 01/01/2017
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device, subcutaneous electrode; aortic counterpulsation device	Added 01/01/2017
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
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
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	Added 01/01/2017
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Added 01/01/2017
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
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Added 01/01/2017

0468T	Removal of chest wall respiratory sensor electrode or electrode array	Added 01/01/2017
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
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
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Added 07/01/2017
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
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
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Added 07/01/2017
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
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children	Added 01/01/2018
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , 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
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
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	Added 01/01/2018
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Added 01/01/2018
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Added 01/01/2018
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	Added 01/01/2018
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Added 01/01/2018
0487T	Biomechanical mapping, transvaginal, with report	Added 01/01/2018
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	Added 01/01/2018

	dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Added 01/01/2018
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
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
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Added 01/01/2018
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
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
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
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
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
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	Added 01/01/2018

	coronary hyperemia, and generation of estimated FFR model	
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
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
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Added 07/01/2018
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
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	Added 07/01/2018
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Added 01/01/2019
0511T	Removal and reinsertion of sinus tarsi implant	Added 01/01/2019
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Added 01/01/2019
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
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	Added 01/01/2019
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
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
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
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Added 01/01/2019
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
0521T	Interrogation device evaluation (in person) with analysis, review	Added 01/01/2019

	and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	
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
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
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
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
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
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
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
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Added 01/01/2019
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
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
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
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
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
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg,	Added 01/01/2019

	cryopreservation, storage)	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Added 01/01/2019
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Added 01/01/2019
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
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
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Added 07/01/2019
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal	Added 07/01/2019
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous	Added 07/01/2019
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Added 07/01/2019
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Added 07/01/2019
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Added 07/01/2019
0549T	unilateral placement, including cystoscopy and fluoroscopy	Added 07/01/2019
0551T	adjustment of balloon(s) fluid volume	Added 07/01/2019
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
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
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
0555T	retrieval and transmission of the scan data	Added 07/01/2019
0556T	assessment of bone strength and fracture risk and bone mineral density	Added 07/01/2019
0557T	interpretation and report	Added 07/01/2019
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Added 07/01/2019

0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Added 07/01/2019
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
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Added 07/01/2019
0562T	each additional anatomic guide (List separately in addition to code for primary procedure)	Added 07/01/2019
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	Added 02/01/2017; Removed 10/01/2018
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
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
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	Added 08/01/2017
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
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
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	Added 08/01/2017; Removed 10/01/2018
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Added 08/01/2017
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
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
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

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
0015U	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support	Added 08/01/2017; Removed 01/01/2019
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
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
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Added 10/01/2017 Removed 10/25/2019
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Added 10/01/2017 Removed 10/01/2018
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Added 10/01/2017 Removed 10/25/2019
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
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
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
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Added 01/01/2018
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	Added 01/01/2018
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Added 10/25/2019
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Added 01/01/2018 Removed 10/25/2019
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis	Added 01/01/2018; Removed 10/01/2018

0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Added 01/01/2018; Removed 10/01/2018
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Added 01/01/2018; Removed 10/01/2018
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Added 01/01/2018; Removed 10/01/2018
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Added 01/01/2018; Removed 10/01/2018
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Added 01/01/2018; Removed 10/01/2018
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
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Added 04/01/2018; Removed 10/01/2018
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
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by realtime RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Added 07/01/2018
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Added 07/01/2018
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
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
0049U	U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Added 07/01/2018
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
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
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Added 07/01/2018
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1,	Added 07/01/2018

	HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	
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
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
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
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffinembedded tissue, algorithm reported as a normalized percentile rank	Added 07/01/2018 Removed 07/01/2019
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	Added 07/01/2018
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
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Added 07/01/2018
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
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Added 10/01/2018
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
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	Added 10/01/2018 Removed 10/25/2019
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	Added 10/01/2018
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	Added 10/01/2018 Removed 10/25/2019
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
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
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of	Added 10/01/2018

	miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	
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
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
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
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
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
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
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
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	Added 10/01/2018
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Added 10/01/2018
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Added 10/01/2018
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
0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Added 01/01/2019
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	Added 01/01/2019

	(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	
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
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Added 08/23/2019
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
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
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Added 07/01/2019
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
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
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
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Added 07/01/2019
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
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
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
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
0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS,	Added 07/01/2019

	Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (32 genes[sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	
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
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (¹³ C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of ¹³ CO ₂ excretion	Added 10/01/2019
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	Added 10/01/2019
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
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
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
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
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Added 10/01/2019
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
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Added 10/01/2019
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
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
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine,	Added 10/01/2019

	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	
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
0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Added 10/01/2019
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
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	Added 10/01/2019
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	Added 10/01/2019
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	Added 10/01/2019
0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	Added 10/01/2019
0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	Added 10/01/2019
0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	Added 10/01/2019
0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Added 10/01/2019
0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	Added 10/01/2019
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
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN	Added 10/01/2019

	hamartoma syndrome, Cowden syndrome, familial adenomatous 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)	
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
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
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
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
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
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 10/01/2019
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
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
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less	
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc	
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc	
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	
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.
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	
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)	
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)	
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	
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)	
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)	
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
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
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
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
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
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
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
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

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
15786	Abrasion; single lesion (e.g., keratosis, scar)	
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	
15819	Cervicoplasty	
15820	Blepharoplasty, lower eyelid	
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad	
15822	Blepharoplasty, upper eyelid	
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid	
15824	Rhytidectomy, forehead	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	
15828	Rhytidectomy; cheek, chin, neck	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	
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)	
15876	Suction assisted lipectomy, head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
15999	Unlisted procedure, excision pressure ulcer	

17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
19300	Mastectomy for gynecomastia	
19304	Mastectomy, subcutaneous	
19316	Mastopexy	
19318	Reduction mammoplasty	
19324	Mammoplasty, augmentation; without prosthetic implant	
19325	Mammoplasty, augmentation; with prosthetic implant	
19328	Removal of intact mammary implant	
19330	Removal of mammary implant material	
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Added 02/06/2012
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Added 02/06/2012
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	
19370	Open periprosthetic capsulotomy, breast	

19371	Periprosthetic capsulectomy, breast	
19380	Revision of reconstructed breast	
19499	Unlisted procedure, breast	
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	Added 08/06/2012
20910	Cartilage graft; costochondral	
20912	Cartilage graft; nasal septum	
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
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Added 08/23/2019
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
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
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
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
20975	Electrical stimulation to aid bone healing; invasive (operative)	
20999	Unlisted procedure, musculoskeletal system, general	
21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible	
21032	Excision of maxillary torus palatinus	
21050	Condylectomy, temporomandibular joint (TMJ)	
21060	Meniscectomy, partial or complete, temporomandibular joint (TMJ)	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
21076	Impression and custom preparation; surgical obturator prosthesis	Added 10/25/2019
21077	Impression and custom preparation; orbital prosthesis	Added 10/25/2019
21079	Impression and custom preparation; interim obturator prosthesis	Added 10/25/2019
21080	Impression and custom preparation; definitive obturator prosthesis	Added 10/25/2019
21081	Impression and custom preparation; mandibular resection prosthesis	Added 10/25/2019
21082	Impression and custom preparation; palatal augmentation prosthesis	Added 10/25/2019
21083	Impression and custom preparation; palatal lift prosthesis	Added 10/25/2019
21085	Impression and custom preparation; oral surgical splint	
21088	Impression and custom preparation; facial prosthesis	
21089	Unlisted maxillofacial procedure	

21110	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty, sliding osteotomy, single piece	
21122	Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
21137	Reduction forehead; contouring only	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	
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)	
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	

21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Added 08/19/2013
21182	Reconstruction of orbital walls, rims, forehead, nasooethmoid 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	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	RIB CARTILAGE GRAFT	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint (TMJ), with allograft	
21243	Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
21246	Reconstruction of mandible or maxilla, subperiosteal implant;	

	complete	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g. for hemifacial microsomia)	
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete	
21270	Malar augmentation, prosthetic material	
21280	Medial canthopexy (separate procedure)	
21282	Lateral canthopexy	
21299	Unlisted craniofacial and maxillofacial procedure	
21325	Open treatment of nasal fracture; uncomplicated	Added 02/18/2013
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	Removed from Precert 08/25/2017
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); bone grafting (includes obtaining graft)	
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation	
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)	
21497	Interdental wiring	
21499	Unlisted musculoskeletal procedure, head	
21685	Hyoid myotomy and suspension	
21740	Reconstructive repair of pectus excavatum or carinatum; open	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) with thoracoscopy	
21899	Unlisted procedure, neck or thorax	
22102	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Added 08/23/2019
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	Added 08/23/2019

	addition to code for primary procedure)	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Added 08/23/2019
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar	Added 08/18/2014
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
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Added 08/23/2019
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	
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
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	
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
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
22505	Manipulation of spine requiring anesthesia, any region	
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
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
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
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 to Precert 01/01/2015
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 to Precert 01/01/2015
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	Added to Precert 01/01/2015

	separately in addition to code for primary procedure)	
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	Added 08/06/2012; Removed 02/26/2016
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	Removed 02/26/2016
22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Added 08/06/2012; Removed 02/26/2016
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Removed 02/26/2016
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Removed 02/26/2016
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Removed 02/26/2016
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	
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)	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Added 02/06/2012
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
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	Added 07/01/2018
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Added 07/01/2018

22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	
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
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
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Added 07/01/2018
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	
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
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
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
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
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
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Added 08/23/2019
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
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
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

22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019
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
22849	Reinsertion of spinal fixation device	Added 08/23/2019
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Added 08/23/2019
22852	Removal of posterior segmental instrumentation	Added 08/23/2019
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
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
22855	Removal of anterior instrumentation	Added 08/23/2019
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Added to Precert 01/01/2015
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
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Added to Precert 01/01/2017
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	Added to Precert 01/01/2017

	procedure)	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Added to Precert 01/01/2017
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 to Precert 01/01/2017
22899	Unlisted procedure, spine	All markets are effective with eviCore healthcare (formerly MSI) 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.
22999	Unlisted procedure, abdomen, musculoskeletal system	
23000	Removal of subdeltoid calcareous deposits, open	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23020	Capsular contracture release (eg, Sever type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23030	Incision and drainage, shoulder area; deep abscess or hematoma	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23031	Incision and drainage, shoulder area;infected bursa	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23065	Biopsy, soft tissue of shoulder area; superficial	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23066	Biopsy, soft tissue of shoulder area; deep	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23100	Arthrotomy, glenohumeral joint, including biopsy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23106	Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose orforeignbody	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23120	Claviclectomy; partial	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23125	Claviclectomy;total	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with autograft (includesobtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

23155	Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),clavicle	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),scapula	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),proximalhumerus	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23190	Ostectomy of scapula, partial (eg, superior medial angle)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23195	Resection, humeral head	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23200	Radical resection for tumor; clavicle	Added to Precert 01/01/2016

		All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23210	Radical resection for tumor;scapula	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23220	Radical resection of bone tumor, proximal humerus;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23330	Removal of foreign body, shoulder; subcutaneous	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23395	Muscle transfer, any type, shoulder or upper arm; single	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23397	Muscle transfer, any type, shoulder or upper arm;multiple	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23405	Tenotomy, shoulder area; single tendon	Added to Precert 01/01/2016 All markets are effective with

		eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23406	Tenotomy, shoulder area;multiple tendons through same incision	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23415	Coracoacromial ligament release, with or without acromioplasty	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23430	Tenodesis of long tendon of biceps	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23440	Resection or transplantation of long tendon of biceps	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23455	Capsulorrhaphy, anterior;with labral repair (eg, Bankart procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

23460	Capsulorrhaphy, anterior, any type; with bone block	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23462	Capsulorrhaphy, anterior, any type;with coracoid process transfer	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23472	Arthroplasty, glenohumeral joint;total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23480	Osteotomy, clavicle, with or without internal fixation;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
23485	Osteotomy, clavicle, with or without internal fixation;with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016

23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	All markets are effective with eviCore healthcare (formerly MSI) 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.
23800	Arthrodesis, glenohumeral joint;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
23929	Unlisted procedure, shoulder	All markets are effective with eviCore healthcare (formerly MSI) 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.
24300	Manipulation, elbow, under anesthesia	
24999	Unlisted procedure, humerus or elbow	
25259	Manipulation, wrist, under anesthesia	
25675	Closed treatment of distal radioulnar dislocation with manipulation	
25999	Unlisted procedure, forearm and wrist	
26341	Manipulation, palmar fascial cord (i.e. Dupuytren's cord, post enzyme injection)	Added 08/06/2012
26989	Unlisted procedure, hands or fingers	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly

		MSI) except for Hawaii, Puerto Rico and Guam
26991	Incision and drainage, pelvis or hip joint area;infected bursa	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27001	Tenotomy, adductor of hip, open	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27005	Tenotomy, hip flexor(s), open (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27025	Fasciotomy, hip or thigh, any type	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s)	Added to Precert 01/01/2016

	(eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27030	Arthrotomy, hip, with drainage (eg, infection)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27040	Biopsy, soft tissue of pelvis and hip area; superficial	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27050	Arthrotomy, with biopsy; sacroiliac joint	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27052	Arthrotomy, with biopsy;hip joint	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27054	Arthrotomy with synovectomy, hip joint	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27060	Excision; ischial bursa	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27062	Excision;trochanteric bursa or calcification	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanteroffemur) with or without	Added to Precert 01/01/2016 All markets are effective with

	autograft	eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27066	Excision of bone cyst or benign tumor;deep, with or without autograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27067	Excision of bone cyst or benign tumor;with autograft requiring separate incision	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27076	Radical resection of tumor or infection;ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27077	Radical resection of tumor or infection;innominate bone, total	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27078	Radical resection of tumor or infection;ischial tuberosity and greater trochanter of femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27080	Coccygectomy, primary	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
27087	Removal of foreign body, pelvis or hip;deep (subfascial or intramuscular)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27090	Removal of hip prosthesis; (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27091	Removal of hip prosthesis;complicated, including total hip prosthesis, methylmethacrylate with or withoutinsertion of spacer	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27097	Release or recession, hamstring, proximal	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27098	Transfer, adductor to ischium	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27110	Transfer iliopsoas; to greater trochanter of femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert

		08/26/2016
27111	Transfer iliopsoas;to femoral neck	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27122	Acetabuloplasty;resection, femoral head (eg, Girdlestone procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27137	Revision of total hip arthroplasty;acetabular component only, with or without autograft or allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27138	Revision of total hip arthroplasty;femoral component only, with or without allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
27146	Osteotomy, iliac, acetabular or innominate bone;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27147	Osteotomy, iliac, acetabular or innominate bone;with open reduction of hip	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27151	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27156	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy and with open reduction of hip	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27161	Osteotomy, femoral neck (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27176	Treatment of slipped femoral epiphysis;by single or multiple pinning, in situ	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaininggraft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27178	Open treatment of slipped femoral epiphysis;closed manipulation with single or multiple pinning	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27179	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27181	Open treatment of slipped femoral epiphysis;osteotomy and internal fixation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoralneckand proximal femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017
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 to Precert 01/01/2017
27275	Manipulation, hip joint, requiring general anesthesia	
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 to Precert 01/01/2015

27280	Arthrodesis, sacroiliac joint (including obtaining graft)	Added 08/19/2013 All markets are effective with eviCore healthcare (formerly MSI) 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.
27282	Arthrodesis, symphysis pubis (including obtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27284	Arthrodesis, hip joint (including obtaining graft);	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27286	Arthrodesis, hip joint (including obtaining graft);with subtrochanteric osteotomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27299	Unlisted procedure, pelvis or hip joint	All markets are effective with eviCore healthcare (formerly MSI) 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.
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27305	Fasciotomy, iliotibial (tenotomy), open	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27307	Tenotomy, percutaneous, adductor or hamstring;multiple tendons	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27323	Biopsy, soft tissue of thigh or knee area; superficial	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27324	Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27325	Neurectomy, hamstring muscle	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27326	Neurectomy, popliteal (gastrocnemius)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27328	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27330	Arthrotomy, knee; with synovial biopsy only	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27331	Arthrotomy, knee;including joint exploration, biopsy, or removal of loose or foreign bodies	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial AND lateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27335	Arthrotomy, with synovectomy, knee;anterior AND posterior including popliteal area	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27340	Excision, prepatellar bursa	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27350	Patellectomy or hemipatellectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27355	Excision or curettage of bone cyst or benign tumor of femur;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27357	Excision or curettage of bone cyst or benign tumor of femur;with autograft (includes obtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27358	Excision or curettage of bone cyst or benign tumor of femur;with internal fixation (List in addition to code for primary procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27365	Radical resection of tumor, bone, femur or knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	Added 01/01/2019
27372	Removal of foreign body, deep, thigh region or knee area	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27380	Suture of infrapatellar tendon; primary	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27381	Suture of infrapatellar tendon;secondary reconstruction, including fascial or tendon graft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27385	Suture of quadriceps or hamstring muscle rupture; primary	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27386	Suture of quadriceps or hamstring muscle rupture;secondary reconstruction, including fascial or tendon graft	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27390	Tenotomy, open, hamstring, knee to hip; single tendon	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27391	Tenotomy, open, hamstring, knee to hip;multiple tendons, one leg	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27392	Tenotomy, open, hamstring, knee to hip;multiple tendons, bilateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert

		08/26/2016
27393	Lengthening of hamstring tendon; single tendon	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27394	Lengthening of hamstring tendon;multiple tendons, one leg	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27395	Lengthening of hamstring tendon;multiple tendons, bilateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27396	Transplant, hamstring tendon to patella; single tendon	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27397	Transplant, hamstring tendon to patella;multiple tendons	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27403	Arthrotomy with meniscus repair, knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27407	Repair, primary, torn ligament and/or capsule, knee;cruciate	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27409	Repair, primary, torn ligament and/or capsule, knee;collateral and cruciate ligaments	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27412	Autologous chondrocyte implantation, knee	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
27415	Osteochondral allograft, knee, open	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27422	Reconstruction of dislocating patella;with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27424	Reconstruction of dislocating patella;with patellectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27425	Lateral retinacular release, open	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27428	Ligamentous reconstruction (augmentation), knee;intra-articular (open)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27429	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27430	Quadricepsplasty (eg, Bennett or Thompson type)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27435	Capsulotomy, posterior capsular release, knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27437	Arthroplasty, patella; without prosthesis	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27438	Arthroplasty, patella; with prosthesis	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27440	Arthroplasty, knee, tibial plateau	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27450	Osteotomy, femur, shaft or supracondylar;with fixation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27465	Osteoplasty, femur; shortening (excluding 64876)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27466	Osteoplasty, femur;lengthening	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27468	Osteoplasty, femur;combined, lengthening and shortening with femoral segment transfer	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly

		MSI) except for Hawaii, Puerto Rico and Guam
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27472	Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis);tibia and fibula, proximal	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis);combined distal femur, proximal tibia and fibula	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27486	Revision of total knee arthroplasty, with or without allograft; one component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);with debridement of nonviable muscle and/or nerve	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments;with debridement of nonviable muscle and/or nerve	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	All markets are effective with eviCore healthcare (formerly MSI) 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.
27580	Arthrodesis, knee, any technique	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
27599	Unlisted procedure, femur or knee	All markets are effective with eviCore healthcare (formerly MSI) 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.
27702	Arthroplasty, ankle; with implant (total ankle)	
27703	Arthroplasty, ankle; revision, total ankle	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	
27899	Unlisted procedure, leg or ankle	All markets are effective with eviCore healthcare (formerly MSI) 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.
28446	Open osteochondral autograft, talus (includes obtaining graft(s))	
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	
28899	Unlisted procedure, foot or toes	
29799	Unlisted procedure, casting or strapping	
29800	Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29822	Arthroscopy, shoulder, surgical; debridement, limited	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29828	Arthroscopy, shoulder, surgical;biceps tenodesis	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29862	Arthroscopy, hip, surgical;with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29863	Arthroscopy, hip, surgical;with synovectomy	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
29868	Arthoscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

29873	Arthroscopy, knee, surgical;with lateral release	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29874	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29875	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29876	Arthroscopy, knee, surgical;synovectomy, major, two or more compartments (eg, medial or lateral)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29879	Arthroscopy, knee, surgical;abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29880	Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29884	Arthroscopy, knee, surgical;with lysis of adhesions, with or without manipulation (separate procedure)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

29885	Arthroscopy, knee, surgical;drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29886	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29887	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion with internal fixation	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29914	Arthroscopy, hip, surgical;with femoroplasty (ie, treatment of cam lesion)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29915	Arthroscopy, hip, surgical;with acetabuloplasty (ie, treatment of pincer lesion)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29916	Arthroscopy, hip, surgical;with labral repair	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
29999	Unlisted procedure, arthroscopy	All markets are effective with eviCore healthcare (formerly MSI) 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.
30150	Rhinectomy; partial	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
30410	Rhinoplasty, primary; complete, external parts including bony	

	pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
30420	Rhinoplasty, primary; including major septal repair	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and palate, including columellar lengthening; tip, septum, osteotomies	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
30999	Unlisted procedure, nose	
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
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Added 01/01/2018
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
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Added 08/26/2016
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Added 08/26/2016
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Added 08/26/2016
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Added 01/01/2018
31299	Unlisted procedure, accessory sinuses	
31599	Unlisted procedure, larynx	
31643	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary radioelement application	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
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
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

31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Added 01/01/2013
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Added 01/01/2013
31899	Unlisted procedure, trachea, bronchi	
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
32553	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
32664	Thoracoscopy, surgical; with thoracic sympathectomy	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Added 02/17/2014 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
32850	Donor Pneumonectomy(s), from cadaver donor	Added 02/17/2014
32851	Lung transplant, single; without cardiopulmonary bypass	
32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
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
32999	Unlisted procedure, lungs and pleura	
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
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
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	Added 01/01/2012
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	Added 01/01/2012

33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	Added 07/01/2011
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Added 02/18/2013
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Removed 10/01/2016
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Removed 10/01/2016
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Removed 10/01/2016
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Removed 10/01/2016
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Removed 10/01/2016
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Removed 10/01/2016
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
33271	Insertion of subcutaneous implantable defibrillator electrode	Added 01/01/2015
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Added 01/01/2015; Removed 02/17/2017
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	Added 01/01/2019
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Added 01/01/2019
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Added 10/25/2019
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
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal	Added 01/01/2017

	puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Added 01/01/2013
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Added 01/01/2013
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Added 01/01/2013
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Added 01/01/2013
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Added 01/01/2013
33366	Transcatheter transapical replacement aortic valve	Added 01/01/2014
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
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
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
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Added to Precert 01/01/2015
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 to Precert 01/01/2015
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Added 01/01/2016
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	
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

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
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
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
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	Added 02/06/2012
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Added 01/01/2018
33928	Removal and replacement of total replacement heart system (artificial heart)	Added 01/01/2018
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
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
33945	Heart transplant, with or without recipient cardiectomy	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	
33976	Insertion VAD Extracorporeal, biventricular	Added 08/19/2013
33979	Insertion VAD Implantable intracorporeal, single vent	Added 08/19/2013
33981	Replace extracorporeal VAD, single or bivent pump	Added 08/19/2013
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Added 01/01/2013
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Added 01/01/2013
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Added 01/01/2013
33999	Unlisted procedure, cardiac surgery	
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	Removed 10/25/2019
34841	Endovasc viscer aorta repair fenest 1 endograft	Added 01/01/2014
34842	Endovasc viscer aorta repair fenest 2 endograft	Added 01/01/2014
34843	Endovasc viscer aorta repair fenest 3 endograft	Added 01/01/2014

34844	Endovasc viscer aorta repr fenest 4+ endograft	Added 01/01/2014
34845	Viscer and infrarenal abdom aorta 1 prosthesis	Added 01/01/2014
34846	Viscer and infrarenal abdom aorta 2 prosthesis	Added 01/01/2014
34847	Viscer and infrarenal abdom aorta 3 prosthesis	Added 01/01/2014
34848	Viscer and infrarenal abdom aorta 4+ prosthesis	Added 01/01/2014
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Added 08/27/2015
36299	Unlisted procedure, vascular injection	
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
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
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	Removed 01/01/2019
36470	Injection of sclerosing solution; single vein	
36471	Injection of sclerosing solution; multiple veins, same leg	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Added 01/01/2017
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
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
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)	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	

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)	
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
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
36514	Therapeutic apheresis; for plasma pheresis	
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	
36522	Photopheresis, extracorporeal	
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
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
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
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
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)	37220
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)	37221
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Added 04/01/2019

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)

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty

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
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
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
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Added 04/01/2019
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
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
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
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
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
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
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
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
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
37241	Vascular embolization or occlusion venous rs&i	Added 01/01/2014

37243	Vascular embolize/occlude organ tumor infarct	Added 01/01/2014. Removed 08/25/2017.
37244	Vascular embolization or occlusion hemorrhage	Added 01/01/2014
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
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
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
37501	Unlisted vascular endoscopy procedure	
37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	
37718	Ligation, division, and stripping, short saphenous vein	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
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	
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	
37761	Ligate leg veins open	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	
37790	Penile venous occlusive procedure	
37799	Unlisted procedure, vascular surgery	
38129	Unlisted laparoscopy procedure, spleen	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	

38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation	
38232	Bone marrow harvesting for transplantation; autologous	Added 01/01/2012
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion	
38243	Hematopoietic progenitor cell (HPC); HPC boost	Added 01/01/2013
38589	Unlisted laparoscopy procedure, lymphatic system	
38999	Unlisted procedure, hemic or lymphatic system	
39499	Unlisted procedure, mediastinum	
39599	Unlisted procedure, diaphragm	
40799	Unlisted procedure, lips	
40899	Unlisted procedure, vestibule of mouth	
41019	Placement of needles, catheters, and other devices into the head and/or neck region	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
41512	TONGUE SUSPENSION	
41530	TONGUE BASE VOL REDUCTION	
41599	Unlisted procedure, tongue, floor of mouth	
41820	Gingivectomy, excision gingiva, each quadrant	
41874	Alveoloplasty, each quadrant (specify)	
41899	Unlisted procedure, dentoalveolar structures	
42140	EXCISION OF UVULA	
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	
42299	Unlisted procedure, palate, uvula	
42699	Unlisted procedure, salivary glands or ducts	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	

43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy	Added 01/01/2013; Removed 02/26/2016
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Added 08/26/2016
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
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy	Added 01/01/2013; Removed 02/26/2016
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 treatment of gastroesophageal reflux disease	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Added to Precert 01/01/2017
43285	Removal of esophageal sphincter augmentation device	Added to Precert 01/01/2017
43289	Unlisted laparoscopy procedure, esophagus	
43499	Unlisted procedure, esophagus	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
43659	Unlisted laparoscopy procedure, stomach	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	

43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Lap sleeve gastrectomy	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
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)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
43855	REVISE STOMACH-BOWEL FUSION	
43860	REVISE STOMACH-BOWEL FUSION	
43865	REVISE STOMACH-BOWEL FUSION	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
43882	Rev or Removal of gastric neurostimulator electrodes, antrum, open	Added 08/19/2013; Removed from Precert 02/17/2017
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
43999	Unlisted procedure, stomach	
44132	Donor enterectomy, open; from cadaver donor	Added 02/17/2014
44133	Donor enterectomy, open; partial, from living donor	Added 02/17/2014
44135	Intestinal allotransplantation; from cadaver donor	Added 02/17/2014
44136	Intestinal allotransplantation; from living donor	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Added 01/01/2013
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	

44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	
44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	
44799	Unlisted procedure, intestine	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	
44979	Unlisted laparoscopy procedure, appendix	
45399	Unlisted procedure, colon	Added to Precert 01/01/2015
45999	Unlisted procedure, rectum	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colonoscope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Added to Precert 01/01/2015
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colonoscope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Added to Precert 01/01/2015
46707	Repair anorectal fist w/plug	
46999	Unlisted procedure, anus	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	
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	Add to Precert 08/26/2016
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])	Add to Precert 08/26/2016
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]	Add to Precert 08/26/2016

	and right lobe [segments I and V through VIII])	
47146	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	
47147	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
47379	Unlisted laparoscopic procedure, live	
47399	Unlisted procedure, liver	
47579	Unlisted laparoscopy procedure, biliary tract	
47999	Unlisted procedure, biliary tract	
48160	PANCREAS REMOVAL/TRANSPLANT	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Add to Precert 08/26/2016
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	Add to Precert 08/26/2016
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Add to Precert 08/26/2016
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
48999	Unlisted procedure, pancreas	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	
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 (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
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 (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	
49999	Unlisted procedure, abdomen, peritoneum and omentum	
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	
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	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	

50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	
50340	Recipient nephrectomy (separate procedure)	
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50380	Renal autotransplantation, reimplantation of kidney	
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	
50549	Unlisted laparoscopy procedure, renal	
50949	Unlisted laparoscopy procedure, ureter	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Added 01/01/2015
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
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Added 01/01/2019
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	
53899	Unlisted procedure, urinary system	
54125	Amputation of penis; complete	Added 2/16/2015
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
54401	Insertion of penile prosthesis; inflatable (self-contained)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	
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	

54660	Insertion of testicular prosthesis (separate procedure)	Added 08/19/2013
54699	Unlisted laparoscopy procedure, testis	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Added 01/01/2018
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or out cytoscopy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
55876	Fiducial marker placement in the prostate	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
55899	Unlisted procedure, male genital system	
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 (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56620	Vulvectomy simple; partial	
56805	Clitoroplasty for intersex state	Added to Precert 02/16/2015
57110	Vaginectomy, complete removal of vaginal wall	Added to Precert 02/16/2015
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
57291	Construction of artificial vagina; without graft	Added to Precert 2/16/2015
57292	Construction of artificial vagina; with graft	Added to Precert 2/16/2015
57335	Vaginoplasty for intersex state	Added to Precert 2/16/2015
57700	Cerclage of uterine cervix, nonobstetrical	Added 08/19/2013
58346	Insertion of Heyman capsulesfor clinical brachytherapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;

58578	Unlisted laparoscopy procedure, uterus	
58579	Unlisted hysteroscopy procedure, uterus	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Added 01/01/2017
58679	Unlisted laparoscopy procedure, oviduct, ovary	
58999	Unlisted procedure, female genital system (nonobstetrical)	
59897	Unlisted fetal invasive procedure, including ultrasound guidance	
59898	Unlisted laparoscopy procedure, maternity care and delivery	
59899	Unlisted procedure, maternity care and delivery	
60699	Unlisted procedure, endocrine system	
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
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Added 10/25/2019
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Added 10/25/2019
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Added 02/17/2014 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Added 02/17/2014 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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

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
61880	Revision or removal of intracranial neurostimulator electrodes	Added 02/18/2013
61885	Insertion or replacement of cranial neurostimulat or pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	
61886	Insertion or replacement of cranial neurostimulat or pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Added 02/18/2013
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, cervical or thoracic	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, lumbar, sacral (caudal)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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)	
62290	Injection procedure for discography, each level; lumbar	
62291	Injection procedure for discography, each level; cervical or thoracic	Added 02/06/2012
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Added to Precert 01/01/2017 All markets are effective with

	including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2017 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
62355	Removal of previously implanted intrathecal or epidural catheter	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert

		08/26/2016
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	Added to Precert 01/01/2016 Removed from Precert 3/31/2016
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	Added to Precert 01/01/2016 Removed from Precert 3/31/2016
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	Added to Precert 01/01/2016 Removed from Precert 3/31/2016
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional	Added to Precert 01/01/2016 Removed from Precert 3/31/2016
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 to Precert 01/01/2017
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	
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)	

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	
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)	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar	
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	
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)	
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)	
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)	
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	
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)	
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	
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)	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear	

	accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam. Remove from Precert 08/26/2016
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly

		MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (1r nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
64510	Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	Removed 01/01/2019
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Rev or Removal of peripheral or gastric neurostimulator pulse generator or receiver	Added 08/19/2013; Removed from Precert 02/17/2017
64611	Chemodeneration of parotid and submandibular salivary glands, bilateral	
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Added 01/01/2013
64620	Destruction by neurolytic agent, intercostal nerve	Added 01/01/2016
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016

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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam effective 1/1/2016
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	Added 08/23/2019
64804	Sympathectomy, cervicothoracic	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Added 01/01/2018
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Added 01/01/2018
64999	Unlisted procedure, nervous system	All markets are effective with eviCore healthcare (formerly MSI) 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.
65710	Keratoplasty (corneal transplant); lamellar	
65760	Keratomileusis	
65765	Keratophakia	
65767	Epikeratoplasty	Added 08/06/2012
65771	Radial Keratotomy	Added 08/06/2012
65772	Corneal relaxing incision for correction of surgically induced astigmatism	
65785	Implantation of intrastromal corneal ring segments	Added 01/01/2016
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Added 01/01/2015
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Added 01/01/2014
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Added 01/01/2015
66999	Unlisted procedure, anterior segment of eye	
67299	Unlisted procedure, posterior segment	
67399	Unlisted procedure, ocular muscle	
67599	Unlisted procedure, orbit	

67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67999	Unlisted procedure, eyelids	
68899	Unlisted procedure, lacrimal system	
69300	Otoplasty, protruding ear, with or without size reduction	
69399	Unlisted procedure, external ear	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69799	Unlisted procedure, middle ear	
69930	Cochlear device implantation, with or without mastoidectomy	
69949	Unlisted procedure, inner ear	
69979	Unlisted procedure, temporal bone, middle fossa approach	
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70450	Computed tomography (CT), head or brain; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70460	Computed tomography (CT), head or brain; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
70486	Computed tomography (CT), maxillofacial area; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70490	Computed tomography (CT), soft tissue neck; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70540	MRI orbit, face, neck, without contrast materials	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70542	MRI, orbit, face and neck, with contrast materials	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
70544	MRA, head; without contrast materials	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70545	MRA, head; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70546	MRA, head; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70547	MRA, neck; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70548	MRA, neck; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70549	MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70551	MRI, brain, including brain stem; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
70552	MRI brain, including brain stem; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
71250	Computed tomography (CT), thorax; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

71260	Computed tomography (CT), thorax; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
71270	Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
71555	MRA, chest (excluding myocardium), with or without contrast materials	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72125	Computed tomography (CT), cervical spine; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72126	Computed tomography (CT), cervical spine; with contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72128	Computed tomography (CT), thoracic spine; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72129	Computed tomography (CT), thoracic spine; with contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72131	Computed tomography (CT), lumbar spine; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
72132	Computed tomography (CT), lumbar spine; with contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72141	MRI, spinal canal and contents, cervical; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72142	MRI, spinal canal and contents, cervical; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72146	MRI, spinal canal and contents, thoracic; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72147	MRI spinal canal and contents, thoracic; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72148	MRI spinal canal and contents, lumbar; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
72159	MRA, spinal canal and contents, with or without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

72192	Computed tomography (CT), pelvis; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72193	Computed tomography (CT), pelvis; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72195	MRI, pelvis; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72196	MRI, pelvis; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72197	MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72198	MRA, pelvis, with or without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
72285	Discography, cervical or thoracic, radiological supervision and interpretation	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73200	Computed tomography (CT), upper extremity; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73201	Computed tomography (CT), upper extremity; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73218	MRI, upper extremity, other than joint; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73219	MRI, upper extremity, other than joint; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73221	MRI, any joint of upper extremity; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73222	MRI, any joint of upper extremity; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73225	MRA, upper extremity, with or without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73700	Computed tomography (CT), lower extremity; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73701	Computed tomography (CT), lower extremity; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73718	MRI, lower extremity other than joint; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
73719	MRI, lower extremity other than joint; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73721	MRI, any joint of lower extremity; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

73722	MRI, any joint of lower extremity; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
73725	MRA, lower extremity, with or without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74150	Computed tomography (CT), abdomen; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74160	Computed tomography (CT), abdomen; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74176	Computed tomography, abdomen and pelvis; without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
74181	MRI, abdomen; without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74182	MRI, abdomen; with contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
74185	MRA, abdomen, with or without contrast material(s)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74261	Ct colonography, w/o dye	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74262	Ct colonography, w/dye	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74263	Ct colonography, screen	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam Removed 10/01/2016
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam Removed 10/01/2016
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam

75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
76380	Computed tomography (CT), limited or localized follow-up study	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
76390	Magnetic resonance spectroscopy (MRS)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
76391	Magnetic resonance (eg, vibration) elastography	Added 01/01/2019 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
76499	Unlisted diagnostic radiographic procedure	
76873	US transrectal prostate volume study for brachytherapy	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

76965	Ultrasound guidance for interstitial radioelement application	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
77011	Computed Tomography Guidance for Stereotactic Localization	Added to Precert 08/01/2012
77014	CT guidance for placement of radiation therapy fields	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Added 01/01/2019 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Added 01/01/2019 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
77058	Magnetic resonance imaging, breast, without and / or with contrast material(s); unilateral	Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
77059	Magnetic resonance imaging, breast, without and / or with contrast material(s); bilateral	Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
77061	Digital breast tomosynthesis; unilateral	Added 01/01/2015. Removed 01/01/2018.
77062	Digital breast tomosynthesis; bilateral	Added 01/01/2015. Removed 01/01/2018.
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Added 01/01/2015; Removed 02/26/2016
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	All markets are effective with eviCore healthcare (formerly

		MSI) except for Hawaii, Puerto Rico and Guam
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	Added to Precert 01/01 2015; Removed 3/31/2016
77261	Therapeutic Radiology treatment planning; simple	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77262	Therapeutic Radiology treatment planning; intermediate	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77263	Therapeutic Radiology treatment planning; complex	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77280	Therapeutic Radiology Simulation; simple	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77285	Therapeutic Radiology Simulation; intermediate	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77290	Therapeutic Radiology Simulation; complex	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77293	Respiratory motion management simulation	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77295	Therapeutic Radiology Simulation 3-Dimensional	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

77299	Unlisted procedure; Therapeutic Radiology treatment planning	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77300	Basic Radiation Dosimetry	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77301	IMRT Planning	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77305	Teletherapy isodose plan simple	Added to Precert 08/01/2012 Removed 02/26/2016
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77310	Teletherapy isodose plan; intermediate	Added to Precert 08/01/2012 Removed 02/26/2016
77315	Teletherapy Isodose plan; complex	Added to Precert 08/01/2012 Removed 02/26/2016
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 to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 to Precert 01/01/2015 Precertification delegated to eviCore Healthcare National Radiation Therapy Program

77321	Special Teletherapy port plan, particles, hemibody, total body	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	Removed 02/26/2016
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	Removed 02/26/2016
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	Removed 02/26/2016
77331	Special radiation dosimetry	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77332	Treatment Devices; simple	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77333	Treatment Devices; intermediate	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77334	Treatment Devices; complex	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77336	Continuing medical physics consultation	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

77370	Special medical physics consultation	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77399	Unlisted procedure, medical radiation physics	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77401	Radiation treatment delivery; superficial and/or ortho voltage	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77402	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

77403	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	Added to Precert 08/01/2012: Removed 02/26/2016
77404	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	Added to Precert 08/01/2012 Removed 02/26/2016
77406	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV and greater	Added to Precert 08/01/2012 Removed 02/26/2016
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 to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77408	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 6-10 MeV	Added to Precert 08/01/2012 Removed 02/26/2016
77409	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 11 - 19 MeV	Added to Precert 08/01/2012 Removed 02/26/2016
77411	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 20 MeV or greater	Added to Precert 08/01/2012 Removed 02/26/2016
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 to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77413	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 6-10 MV Complex	Added to Precert 08/01/2012 Removed 02/26/2016
77414	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 11-19 MV Complex	Added to Precert 08/01/2012 Removed 02/26/2016

77416	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 20 MV or greater	Added to Precert 08/01/2012 Removed 02/26/2016
77417	Therapeutic Radiology Port Films	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77418	IMRT Treatment Delivery; single or multiple fields/arcs, via narrow spatially and temporarily modulated beams, binary, dynamic MLC, per treatment session	Added to Precert 08/01/2012 Removed 02/26/2016
77421	stereoscopic x-ray guidance for localization of target volume	Added to Precert 08/01/2012 Removed 02/26/2016
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Removed 01/01/2019 Precertification was delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
77427	Radiation treatment management, five treatments	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
77469	Intraoperative radiation treatment management	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77499	Unlisted procedure, therapeutic radiology treatment management	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77520	Proton treatment delivery; simple, without compensation	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77522	Proton treatment delivery; simple, with compensation	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77523	Proton treatment delivery; intermediate	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77525	Proton treatment delivery; complex	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77600	Hyperthermia treatment; externally generated, deep	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program

77605	Hyperthermia treatment; externally generated, superficial	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer applicators	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77615	Hyperthermia generated by interstitial probe(s); 5 or more applicators	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77620	Hyperthermia generated by intracavitary probe(s)	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77761	Intracavitary radiation source application; simple	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77762	Intracavitary radiation source application; intermediate	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77763	Intracavitary radiation source application; complex	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program

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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
77778	Interstitial radiation source application; complex	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77789	Apply surface radiation	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77790	Radio Isotope Supervision, Handling, Loading	Added to Precert 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
77799	Unlisted procedure, clinical brachytherapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam

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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
78456	Acute venous thrombosis imaging, peptide	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam.
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
78813	Positron emission tomography (PET) imaging; whole body	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
79005	Radiopharmaceutical therapy, by oral administration	Added 10/25/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program
79101	Radiopharmaceutical therapy, by intravenous administration	Added 10/25/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Added 10/25/2019 Precertification delegated to eviCore healthcare National

		Radiation Therapy Program
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Added 01/01/2013
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
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
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
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Added 01/01/2019
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
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
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
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
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
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Added 01/01/2019
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Added 01/01/2019
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
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
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019

81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
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
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Added 01/01/2019
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Added 01/01/2019
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
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Added 01/01/2019
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Added 01/01/2019
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Added 01/01/2013
81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Added 01/01/2013
81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Added 01/01/2013
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
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Added 09/15/2013
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Added 01/01/2012 Removed 10/25/2019
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Added 01/01/2012
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	Added 01/01/2012 Removed 10/25/2019
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common	Added 01/01/2012 Removed 10/25/2019

	duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Added 01/01/2012
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Added 01/01/2012
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Added 01/01/2012
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Added 01/01/2016
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Added 08/06/2012; *Removed 08/19/2013; Added 02/17/2014
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
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
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
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Added 01/01/2018; Removed 10/01/2018
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Added 01/01/2018; Removed 10/01/2018
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
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Added 01/01/2019
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Added 01/01/2019
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
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

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
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Added 02/18/2013
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Added 02/18/2013
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
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
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Added to Precert 01/01 2015
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Added 01/01/2013
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Added 01/01/2013
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
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Added 01/01/2018; Removed 10/01/2018
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Added 01/01/2019
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Added 01/01/2019
81287	Mgmt methylation analysis	Added 01/01/2014; Removed 03/17/2019
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
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Added 01/01/2019
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

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
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
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
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
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
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Added 02/18/2013
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Added 02/18/2013
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013
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
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Added 02/18/2013
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Added 01/01/2019
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Added 01/01/2019
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
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
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
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

81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Added 01/01/2019
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Added 01/01/2013
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Added 01/01/2013
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Added 01/01/2013
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Added 01/01/2013; Removed 03/17/2019
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
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
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	Added 01/01/2017; Removed 10/01/2018
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
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
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
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
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Added 01/01/2019
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
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Added 01/01/2018

81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Added 01/01/2019
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Added 01/01/2019
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Added 01/01/2019
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Added 01/01/2018
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Added 01/01/2018
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Added 01/01/2018
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Added 01/01/2018
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
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
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
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
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

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
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
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
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
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
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
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Added 01/01/2016; Removed 03/17/2019
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
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
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Added 01/01/2015
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

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
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	Added 01/01/2015; Removed from Precert 02/17/2017
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Added 01/01/2017
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Added 01/01/2015
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
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
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
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
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
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
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
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
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,	Added 01/01/2015

	MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	
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
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
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
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
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
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Added 01/01/2019
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
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
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

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
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
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
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
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
81479	Unlisted molecular pathology procedure	Added 01/01/2013
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Added 01/01/2016; Removed 10/01/2018
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Added 01/01/2016; Removed 10/01/2018
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	Added 01/01/2013; Removed 10/01/2018
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	Added 01/01/2013; Removed 10/01/2018
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as tissue similarity scores	Added 01/01/2014; Removed 10/01/2018
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Added 01/01/2013

81507	Fetal aneuploidy 21 18 13 seq analy trisom risk	Added 01/01/2014; Removed 02/17/2017
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
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Added 01/01/2015; Removed 10/25/2019
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
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
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Added 01/01/2016; Removed 10/01/2018
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Added 01/01/2016; Removed 3/31/2016
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Added 01/01/2016; Removed 10/01/2018
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	Added 01/01/2016; Removed 10/01/2018
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
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
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	Added 01/01/2016; Removed 10/01/2018
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

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
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
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
81599	Unlisted multianalyte assay with algorithmic analysis	Added 01/01/2013
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Added 01/01/2015
84999	Unlisted chemistry procedure	
85999	Unlisted hematology or coag procedure	Added 08/19/2013
86486	Skin test; unlisted antigen, each	
86849	Unlisted immunology procedure	
88299	Unlisted cytogenetic study	
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Added 01/01/2013
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	
89240	Unlisted miscellaneous pathology test	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	
89329	Sperm evaluation; hamster penetration test	
89335	Cryopreservation, reproductive tissue, testicular	
89337	Cryopreservation, mature oocyte(s)	Added to Precert 10/01/2016
89344	Storage, (per year); reproductive tissue, testicular/ovarian	
89346	Storage, (per year); oocyte	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	
89356	Thawing of cryopreserved; oocytes, each aliquot	
89398	Unlisted reprod med lab proc	
90281	Immune globulin, IM use	Added 08/19/2013
90283	Immune globulin (IgIV), human, for intravenous use	
90284	Immune globulin, subcut infusions; 100 mg each	Added 08/19/2013
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	
90399	Unlisted immune globulin	
90749	Unlisted vaccine/toxoid	
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Added 01/01/2012

90899	Unlisted psychiatric service or procedure	Added to Precert 2/16/2015
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Added 01/01/2013
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	
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	Added 01/01/2015. Removed 01/01/2018.
91299	Unlisted diagnostic gastroenterology procedure	
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Added 01/01/2015. Removed 08/25/2017.
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Added 01/01/2019
92499	Unlisted ophthalmological service or procedure	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	
92700	Unlisted otorhinolaryngological service or procedure	
92971	Cardioassist-method of circulatory assist; external	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Added 10/01/2016 in error. No Precert Required.
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Added 10/01/2016 in error. No Precert Required.
93260	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, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Added 01/01/2015; Removed Precert 02/17/2017
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator	Added Precert 01/01/2015; Removed Precert 02/17/2017

	system	
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
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam

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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
93530	Right heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	
93582	Percutaneous transcatheter closure pat duct arteriosus	Added 01/01/2014
93583	Percutaneous transcatheter septal reduction therapy	Added 01/01/2014
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Added 01/01/2017
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Added 01/01/2017
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Added 01/01/2017

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
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
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
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
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	Added 01/01/2019
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
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
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
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
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
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	Added 07/01/2018

	vein isolation	
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
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
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Added 01/01/2015
93799	Unlisted cardiovascular service or procedure	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Added 01/01/2015; Removed 10/25/2019
93998	Unlisted noninvasive vascular diagnostic study	Added 01/01/2012
94799	Unlisted pulmonary service or procedure	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Added 01/01/2013 CareCentrix Sleep Mgt Program
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 CareCentrix Sleep Mgt Program
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	CareCentrix Sleep Mgt Program
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	CareCentrix Sleep Mgt Program
95803	Actigraphy testing	
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; CareCentrix Sleep Mgt Program
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Added 02/18/2013; CareCentrix Sleep Mgt Program
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Added 02/18/2013; CareCentrix Sleep Mgt Program
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Added 02/18/2013; CareCentrix Sleep Mgt Program
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; CareCentrix Sleep Mgt Program
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; CareCentrix Sleep Mgt Program

95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	Removed 02/26/2016
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	Removed 02/26/2016
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	Removed 02/26/2016
95970	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, spinal cord, or peripheral, without reprogramming	Added 01/01/2016; Removed 3/31/2016
95971	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming	Added 01/01/2016; Removed 3/31/2016
95972	Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord, or peripheral, with intraoperative or subsequent programming, first hour	Added 01/01/2016; Removed 3/31/2016
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);	Added 01/01/2016; Removed 3/31/2016
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	Added 01/01/2016; Removed 3/31/2016
95999	Unlisted neurological or neuromuscular diagnostic procedure	
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	Added 01/01/2017; Removed 02/17/2017
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Removed 02/17/2017
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Added 08/06/2012; Removed 02/17/2017
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
96999	Unlisted special dermatological service or procedure	
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
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

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
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
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
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
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
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
97610	Low frequency non-thermal ultrasound per day	Added 01/01/2014
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	
99199	Unlisted special service, procedure or report	
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
99501	Home visit for postnatal assessment and follow-up care	Added 10/25/2019
99502	Home visit for newborn care and assessment	Added 10/25/2019
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Added 10/25/2019
99504	Home visit for mechanical ventilation care	Added 10/25/2019
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	Added 10/25/2019
99506	Home visit for intramuscular injections	Added 10/25/2019
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Added 10/25/2019
99509	Home visit for assistance with activities of daily living and personal care	Added 10/25/2019
99510	Home visit for individual, family, or marriage counseling	Added 10/25/2019
99511	Home visit for fecal impaction management and enema administration	Added 10/25/2019
99512	Home visit for hemodialysis	Added 2/16/2015
99600	Unlisted home visit service or procedure	

A0140	Nonemergency transport air	
A0430	Fixed wing air transport	
A0435	Fixed wing air mileage	
A0999	Unlisted ambulance service	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Added 01/01/2014
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
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.
A4648	Tissue marker, implantable, any type each	Added 08/01/2012
A4650	Implant radiation dosimeter, each	Added 08/01/2012
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Added 04/01/2019
A7047	Oral interface used with respiratory suction pump, each	Added 01/01/2014
A9513	A9513 Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Added 01/01/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program effective
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Added 10/25/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program effective
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 04/01/2018
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Added 01/01/2019
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Removed 02/26/2016
C1715	Brachytherapy needle	Added 08/01/2012

C1716	Brachytherapy source, non-stranded, gold-198, per ...	Added 08/01/2012
C1717	Brachytherapy source, non-stranded, gold-198 per...	Added 08/01/2012
C1719	Brachytherapy source, non-stranded, non-high dose ...	Added 08/01/2012
C1728	Catheter, brachytherapy seed administration	Added 08/01/2012
C1762	Connective tissue, human (includes fascia lata)	Added 2/16/2015
C1764	Event recorder, cardiac (implantable)	Added 10/25/2019
C1767	Generator, neurostimulator (implantable), nonrechargeable	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1778	Lead, neurostimulator (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1787	Patient programmer, neurostimulator	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1821	Interspinous process distraction device (implantable)	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Added 01/01/2016
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Added 01/01/2019
C1840	LENS, INTRAOCULAR (TELESCOPIC	Added 10/01/2011
C1841	Retinal prosthesis, includes all internal and external components	Added 10/01/2013
C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	Added 01/01/2017
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	Added 01/01/2017
C1897	Lead, neurostimulator test kit (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.

C2614	Probe, percutaneous lumbar discectomy	
C2616	Brachytherapy source, non-stranded, yttrium -90, per source	Added 08/01/2012. Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 9/29/17.
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Added 01/01/2015
C2634	Brachytherapy source, non-stranded, high activity,...	Added 08/01/2012
C2635	Brachytherapy source, non-stranded, high activity,...	Added 08/01/2012
C2636	Brachytherapy linear source, non-stranded, paladiu...	Added 08/01/2012
C2637	Brachytherapy source, non-stranded, ytterbium-169,...	Added 08/01/2012
C2638	Brachytherapy source, stranded, iodine-125, per so...	Added 08/01/2012
C2639	Brachytherapy source, non-stranded, iodine-125, pe...	Added 08/01/2012
C2640	Brachytherapy source, stranded, palladium-103, per...	Added 08/01/2012
C2641	Brachytherapy source, non-stranded, palladium-103,...	Added 08/01/2012
C2642	Brachytherapy source, stranded, cesium-131, per so...	Added 08/01/2012
C2643	Brachytherapy source, non-stranded, cesium-131, pe...	Added 08/01/2012
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Added 07/01/2014
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program; Added 01/01/2016
C2698	Brachytherapy source, stranded, not otherwise spec...	Added 08/01/2012
C2699	Brachytherapy source, non-stranded, not otherwise	Added 08/01/2012
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
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
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

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
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
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
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
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
C8900	Magnetic resonance angiography with contrast, abdomen	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8901	Magnetic resonance angiography without contrast abdomen	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8903	Magnetic resonance imaging with contrast breast; unilateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8904	Magnetic resonance imaging without contrast breast; unilateral	Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

C8906	Magnetic resonance imaging with contrast breast; bilateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8907	Magnetic resonance imaging without contrast breast; bilateral	Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8911	Magnetic resonance angiography without contrast followed by with contrast,	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8912	Magnetic resonance angiography with contrast lower extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8913	Magnetic resonance angiography without contrast lower extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8918	Magnetic resonance angiography with contrast, pelvis	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8919	Magnetic resonance angiography without contrast, pelvis	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam

C8932	Magnetic resonance angiography without contrast, spinal canal and contents	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8934	Magnetic resonance angiography with contrast, upper extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8935	Magnetic resonance angiography without contrast, upper extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
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
C9014	Injection, cerliponase alfa, 1 mg	Added 01/01/2018 Removed 10/25/2019
C9015	Injection, c-1 esterase inhibitor (human), haegarda, 10 units	Added 01/01/2018 Removed 10/25/2019
C9016	Injection, triptorelin extended release, 3.75 mg	Added 01/01/2018 Removed 10/25/2019
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Added 01/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	Added 01/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9029	Injection, guselkumab, 1 mg	Added 01/01/2018 Removed 10/25/2019
C9030	Injection, copanlisib, 1 mg	Added 07/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9031	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Added 07/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore

		Healthcare National Radiation Therapy Program
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	Added 07/01/2018 Removed 10/25/2019
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Added 10/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9036	Injection, patisiran, 0.1 mg	Added 01/01/2019
C9038	Injection, mogamulizumab-kpkc, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
C9040	Injection, fremanezumab-vfrm, 1mg	Added 04/01/2019
C9042	Injection, bendamustine hcl (belrapzo), 1 mg	Added 04/01/2019. Brand name: Ajovy. Precertification delegated to eviCore Medical Oncology Program
C9043	Injection, levoleucovorin, 1 mg	Added 04/01/2019. Brand name: Khapzory. Precertification delegated to eviCore Medical Oncology Program
C9044	Injection, cemiplimab-rwlc, 1 mg	Added 04/01/2019. Brand name: Libtayo. Precertification delegated to eviCore Medical Oncology Program
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Added 04/01/2019. Brand name: Lumoxiti. Precertification delegated to eviCore Medical Oncology Program
C9047	Injection, caplacizumab-yhdp, 1 mg	Added 07/01/2019
C9049	Injection, tagraxofusp-erzs, 10 mcg	Added 07/01/2019
C9050	Injection, emapalumab-lzsg, 1 mg	Added 07/01/2019
C9052	Injection, ravulizumab-cwvz, 10 mg	Added 07/01/2019
C9133	Factor IX (antihemophilic factor, recombinant), Rixibus, per I.U.	Added 01/01/2014; Removed 01/01/2019
C9136	Injection, factor viii, fc fusion protein, (recombinant), per i.u.	Added 01/01/2015; Removed 01/01/2019
C9140	Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.	Added 01/01/2017; Removed 01/01/2019

C9141	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl (jivi), 1 i.u.	Added 04/01/2019
C9293	Injection glucarpidase	Added 10/01/2012; Removed from Precert 02/17/2017
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	Added 08/18/2014
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	Added 08/18/2014
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Added 02/06/2012
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Added 02/06/2012
C9364	Porcine implant, Permacol, per square centimeter	
C9367	Endoform Dermal Template	Removed 01/01/2019
C9399	Unclassified drugs or biologicals	<p>Added 08/06/2012 ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models.</p> <p>SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), GEMTUZUMAB OZOGAMICIN (Mylotarg), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN and CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB and HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics</p>

		should be submitted to Cigna.
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie	Added 01/01/2019. Effective 10/25/2019, precertification delegated to eviCore National Radiation Therapy Program
C9463	Injection, aprepitant, 1 mg	Added 04/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9464	Injection, rolapitant, 0.5 mg	Added 04/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	Added 04/01/2018 Removed 10/25/2019
C9466	Injection, benralizumab, 1 mg	Added 04/01/2018 Removed 10/25/2019
C9467	Injection, rituximab and hyaluronidase, 10 mg	Added 04/01/2018 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program.
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	Added 04/01/2018 Removed 10/25/2019
C9469	Injection, triamcinolone acetonide, preservative-free, extended- release, microsphere formulation, 1 mg	Added 04/01/2018
C9483	Injection, atezolizumab, 10 mg	Added 10/01/2016 Removed 01/01/2019 Brand name: Tecentriq Precertification was delegated to eviCore Medical Oncology Program effective 02/17/2017
C9484	Injection, eteplirsen, 10 mg	Added 04/01/2017 Removed 01/01/2019
C9485	Injection, olaratumab, 10 mg	Added 04/01/2017 Removed 01/01/2019 Precertification was delegated to eviCore Medical Oncology Program
C9486	Injection, granisetron extended release, 0.1 mg	Added 04/01/2017 Removed 01/01/2019 Precertification was delegated to eviCore Medical Oncology Program
C9487	Ustekinumab, for intravenous injection, 1 mg	Added 04/01/2017 Removed 01/01/2019
C9489	Injection, nusinersen, 0.1 mg	Added 07/01/2017 Removed 01/01/2019

C9491	Injection, avelumab, 10 mg	Added 10/01/2017 Removed 01/01/2019 Precertification was delegated to eviCore Medical Oncology Program
C9492	Injection, durvalumab, 10 mg	Added 10/01/2017 Removed 10/25/2019 Precertification was delegated to eviCore Medical Oncology Program
C9493	Injection, edaravone, 1 mg	Added 10/01/2017 Removed 10/25/2019
C9494	Injection, ocrelizumab, 1 mg	Added 10/01/2017 Removed 01/01/2019
C9724	Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy	
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Added 08/01/2012
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Added 08/01/2012 Effective 01/01/2019, precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
C9727	Insertion of implants into the soft palate; minimum of three implants	
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
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Added 02/17/2014
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Added 04/01/2014
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Added 04/01/2014
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit	Added 10/01/2014 Removed 10/25/2019 All markets were effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Added 07/01/2017
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Added 07/01/2017
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	Added 07/01/2017

C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	Added 01/01/2018 Removed 10/25/2019
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Added 04/01/2018
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	Added 10/01/2018 Removed 10/25/2019
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Added 01/01/2019
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
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	Added 01/01/2019
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Added 01/01/2019
D5934	Mandibular resection prosthesis with guide flange	
D5935	Mandibular resection prosthesis without guide flange	
D5952	Speech aid prosthesis; pediatric	
D5953	Speech aid prosthesis; adult	
D5955	Palatal lift prosthesis, definitive	
D5958	Palatal lift prosthesis; interim	
D5959	Palatal lift prosthesis; modification	
D5960	Speech aid prosthesis; modification	Added 04/01/2019. Previously removed 06/30/2017
D5999	Unspecified maxillofacial prosthesis, by report	Added 04/01/2019. Previously removed 06/30/2017
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report	Added 04/01/2019. Previously removed 06/30/2017
D8999	Unspecified orthodontic procedure, by report	Added 04/01/2019. Previously removed 06/30/2017
D9999	Unspecified adjunctive procedure, by report	Added 04/01/2019. Previously removed 06/30/2017
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Added 08/27/2015; Removed 10/1/2018
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration,	Added 01/01/2019

	drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
E0481	Intrapulmonary percussive ventilation system and related accessories	Added 02/06/2012
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Added 02/06/2012
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Added 08/06/2012; Removed 10/1/2018
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Added 10/25/2019
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	
E0635	Patient lift, electric, with seat or sling	
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels	
E0638	Standing frame sys	
E0639	Patient lift, moveable from room to room with disassembly and reassembly	
E0640	Patient lift, fixed system, includes all components/accessories	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0652	Pneumatic compressor, segmental home model	Added 8/19/2013 Removed 10/01/2016
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Added 01/01/2013
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq.ft. or less	Added 2/16/2015
E0692	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 4 ft. panel	Added 2/16/2015
E0693	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 6 ft. panel	Added 2/16/2015
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
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	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Added 01/01/2014

E0770	Functional electric stim NOS	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	All markets are effective with eviCore healthcare (formerly MSI) 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.
E0784	External ambulatory infusion pump, insulin	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Added to Precert 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
E0986	Manual wheelchair accessory, push-rim activated power assist system	Added 02/18/2013
E1002	Wheelchair accessory, power seating system, tilt only	

E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1230	Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1399	Durable medical equipment , miscellaneous	
E1902	Communication board, non-electronic augmentative or alternative communication device	
E2300	Power wheelchair accessory, power seat elevation system	
E2301	Power wheelchair accessory, power standing system	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
E2511	Speech generating software program, for personal computer or personal digital assistant	
E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	

G0153	Services of speech and language pathologist in home health setting, each 15 minutes	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Added 10/25/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Added 10/25/2019
G0166	External counterpulsation, per treatment session	
G0219	PET imaging whole body; melanoma for noncovered indications	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
G0235	PET imaging, any site, not otherwise specified	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam.
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
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 (formerly MSI) except for Hawaii, Puerto Rico and Guam
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Added 01/01/2015
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)	Added 01/01/2015. Removed 07/01/2018.
G0297	Low dose ct scan (ldct) for lung cancer screening	Added 01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Added 10/25/2019
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
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 (formerly CareCore) National Radiation Therapy Program
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 (formerly CareCore) National Radiation Therapy Program
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	

G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
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; CareCentrix Sleep Mgt Program
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; CareCentrix Sleep Mgt Program
G0400	Home sleep test/type IV Porta	CareCentrix Sleep Mgt Program
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	
G0428	Collagen Meniscus Implant	
G0429	Dermal filler inject for LDS	
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
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Added 01/01/2013
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program effective 02/27/2016;
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
G0464	Colorectal cancer screening; stool-based dna and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)	Added 01/01/2015 Removed 03/31/2016
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
G6001	Ultrasonic guidance for placement of radiation therapy fields	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015

G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater dec3	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
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	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015

G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
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	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
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	Added to Precert Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program 01/01/2015
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.
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Added 07/01/2011

G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Added 02/06/2012
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	
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
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA	Add to Precert 08/26/2016
H0032	Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA	Add to Precert 08/26/2016
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Added 08/27/2015
H0046	Mental health services, not otherwise specified	Added to Precert 02/17/2017
H2012	Behavioral health day treatment, per hour - Direct service by a BCBA	Add to Precert 08/26/2016
H2016	Comprehensive community support services, per diem	Added to Precert 02/17/2017
H2019	Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA	Add to Precert 08/26/2016
J0129	Injection, Abatacept, 10 MG	
J0135	Injection, Adalimumab, 20 mg	
J0178	Injection, aflibercept, 1 mg	Added 01/01/2013;
J0180	Injection, Agalsidase beta, 1 mg	
J0185	Injection, aprepitant, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J0202	Injection, alemtuzumab, 1 mg	Added 01/01/2016
J0205	Alglucarase	
J0215	Alefacept, 0.5 mg	
J0220	Alglucosidase	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Added 01/01/2012
J0222	Injection, Patisiran, 0.1 mg	Added 10/01/2019
J0256	Alpha 1- proteinase inhibitor – human, 10 mg	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Added 01/01/2012
J0364	Injection, apomorphine HCl, 1 mg	Added 02/06/2012
J0470	Dimercaprol, per 100 mg	
J0490	Injection, belimumab, 10 mg	Added 01/01/2012
J0517	Injection, benralizumab, 1 mg	Added 01/01/2019
J0567	Injection, cerliponase alfa, 1 mg	Added 01/01/2019
J0584	Injection, burosumab-twza 1 mg	Added 01/01/2019
J0585	Botulinum toxin type A, per unit	

J0586	Injection, abobotulinumtoxinA, 5 units	
J0587	Botulinum toxin type B, per 100 units	
J0588	Injection, incobotulinumtoxinA, 1 unit	Added 01/01/2012
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
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Added 01/01/2016
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Added 01/01/2019
J0600	Edetate calcium disodium, up to 1,000 mg	
J0606	Injection, etelcalcetide, 0.1 mg	Added 01/01/2018
J0638	Injection, canakinumab, 1 mg	
J0641	Injection, levoleucovorin calcium, 0.5 mg	Added 01/01/2018. Brand name: FUSILEV. Precertification delegated to eviCore Medical Oncology Program
J0642	Injection, levoleucovorin, 0.5 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program
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
J0725	Chorionic gonadotropin, per 1,000 USP units	Eff 09/01/2012, the NDC# must be submitted on medical claim form.
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	
J0800	Injection, corticotropin, up to 40 units	Added 02/06/2012
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.
J0882	Injection, darbepoetin alfa, 1 mcg. (for ESRD on dialysis)	Added to Precert 02/16/2015
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units.	Added 02/18/2013; Brand names: Epogen; Procrit. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to

		Cigna.
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Added 08/27/2015
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Added to Precert 01/01 2015
J0890	Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	Added 01/01/2013
J0894	Injection, decitabine, 1 mg	Added 01/01/2018. Brand name: DACOGEN. Precertification delegated to eviCore Medical Oncology Program.
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.
J1290	Injection, ecallantide, 1 mg	
J1300	Injection, eculizumab, 10 mg (Soliris)	Added 05/01/2011
J1301	Injection, edaravone, 1 mg	Added 01/01/2019
J1303	Injection, ravulizumab-cwvz, 10 mg	Added 10/01/2019
J1322	Injection, elosulfase alfa, 1mg	Added to Precert 01/01/2015
J1325	Epoprostenol, 0.5 mg	
J1428	Injection, eteplirsen, 10 mg	Added 01/01/2018
J1438	Etanercept, 25 mg	
J1439	Injection, ferric carboxymaltose, 1mg	Added to Precert 01/01/2015 Removed 07/01/2018
J1442	Injection, filgrastim (G-CSF), 1 microgram	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.
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Added 01/01/2016; Removed 10/01/2018
J1447	Injection, tbo-filgrastim, 1 microgram	Added 01/01/2016 Removed 07/01/2018
J1453	Injection, fosaprepitant, 1 mg	Added 01/01/2018. Brand name: EMEND. Precertification delegated to eviCore Medical Oncology Program.
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J1458	Galsulfase	

J1459	Inj IVIG privigen 500 mg	
J1555	Injection, immune globulin (cuvitru), 100 mg	Added 01/01/2018
J1556	Injection, immune globulin (Bivigam), 500 MG	Added 01/01/2014
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Added 01/01/2012
J1559	Injection, immune globulin (Hizentra), 100 mg	
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	
J1562	Injection, immune globulin (Vivaglobin), 100 mg	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Added 01/01/2016
J1595	Glatiramer acetate, 20 mg	
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	
J1602	Injection, Golimumab, 1 MG, for intravenous use	Added 01/01/2014
J1620	Gonadorelin hydrochloride, per 100 mcg	
J1627	Injection, granisetron, extended-release, 0.1 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program
J1628	Injection, guselkumab, 1 mg	Added 01/01/2019
J1675	Injection, histrelin acetate, 10 mcg	Removed 01/01/2019
J1725	Injection, hydroxyprogesterone caproate, 1 mg	Added 01/01/2012 Removed 10/25/2019
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Added 01/01/2018
J1743	Idursulfase	
J1744	Injection, icatibant, 1 mg	Added 01/01/2013
J1745	Infliximab, 10 mg	
J1746	Injection, ibalizumab-uiyk, 10 mg	Added 01/01/2019
J1786	Injection, imiglucerase, 10 units	
J1826	Injection, interferon beta-1a, 30 mcg	
J1830	Interferon beta-1b, 0.25 mg	Eff 09/01/2012, the NDC# must be submitted on medical claim form.
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.
J1931	Injection, Laronidase, 0.1 mg	
J2170	Injection, Mecasermin, 1 MG	
J2182	Injection, mepolizumab, 1 mg	Added 01/01/2017
J2323	Natalizumab	
J2326	Injection, nusinersen, 0.1 mg	Added 01/01/2018
J2350	Injection, ocrelizumab, 1 mg	Added 01/01/2018
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.
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.
J2357	Injection, Omalizumab, 5 mg	
J2469	Injection, palonosetron HCl, 25 mcg	Added 01/01/2018. Brand name: ALOXI. Precertification delegated to eviCore Medical Oncology Program.
J2502	Injection, pasireotide long acting, 1 mg	Added 01/01/2016
J2503	Injection, pegaptanib sodium, 0.3 mg	Added 08/06/2012
J2504	Injection, pegademase bovine, 25 IU	Added 02/18/2013
J2505	Injection, pegfilgrastim, 6 mg	Added 02/17/2014; Brand name: Neulasta Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J2507	Injection, pegloticase, 1 mg	Added 01/01/2012
J2547	Injection, peramivir, 1 mg	Added 01/01/2016 Removed 07/01/2018
J2562	Injection, plerixafor, 1 mg	
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Added 08/26/2016

J2778	Injection, ranibizumab, 0.1 mg	Added 08/06/2012
J2786	Injection, reslizumab, 1 mg	Added 01/01/2017
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Added 01/01/2019
J2793	Injection, rilonacept, 1 mg	
J2796	Injection, romiplostim, 10 mcg	
J2797	Injection, rolapitant, 0.5 mg	Added 01/01/2019
J2840	Injection, sebelipase alfa, 1 mg	Added 01/01/2017
J2860	Injection, siltuximab, 10 mg Brand name: Sylvant	Added 01/01/2016; Brand name: Sylvant Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J2940	Somatrem, 1 mg	
J2941	Somatropin, 1 mg	Eff 09/01/2012, the NDC# must be submitted on medical claim form.
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
J3060	Injection Taligucerace Alfa, 10 units	Added 01/01/2014
J3110	Injection, Teriparatide, 10 mcg	Removed 07/01/2018
J3111	Injection, romosozumab-aqqg, 1 mg	Added 10/01/2019
J3145	Injection, testosterone undecanoate, 1 mg	Added 4/1/2015; replaces deleted code C9023
J3245	Injection, tildrakizumab, 1 mg	Added 01/01/2019
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.
J3285	Injection, treprostinil, 1 mg	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Added 01/01/2019
J3316	Injection, triptorelin, extended-release, 3.75 mg	Added 01/01/2019
J3355	Urofollitropin, 75 IU	
J3357	Injection, ustekinumab, 1 mg	
J3358	Ustekinumab, for intravenous injection, 1 mg	Added 01/01/2018
J3380	Injection, vedolizumab, 1 mg	Added 01/01/2016
J3385	Injection, velaglucerase alfa, 100 units	
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Added 01/01/2019
J3398	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	Added 01/01/2019

		Requires precertification from Cigna for all medical management models
J3490	Unclassified Drugs	<p>ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models.</p> <p>SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), GEMTUZUMAB OZOGAMICIN (Mylotarg), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN and CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB and HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.</p>
J3520	Edetate disodium, per 150mg	
J3590	Unclassified biologics	<p>ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models.</p> <p>SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN</p>

		HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), GEMTUZUMAB OZOGAMICIN (Mylotarg), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN and CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB and HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.
J3591	Unclassified drug or biological used for esrd on dialysis	Added 01/01/2019
J7170	Injection, emicizumab-kxwh, 0.5 mg	Added 01/01/2019
J7175	Injection, factor x, (human), 1 i.u.	Added 01/01/2017
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Added 01/01/2019
J7178	Injection, human fibrinogen concentrate, 1 mg	Added 01/01/2013
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	Added 01/01/2017
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Added 01/01/2012
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Added 01/01/2015
J7182	Injection, factor xiii a-subunit, (recombinant), per iu	Added 01/01/2015
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RC0	Added 01/01/2012
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU	
J7186	Antihemophilic viii/vwf comp	
J7187	Injection, von Willebrand Factor complex (Humate-P), per IU vWF-RC0	
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Added 01/01/2016
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	
J7190	Factor VIII (antihemophilic factor, human) per IU	
J7191	Factor VIII (antihemophilic factor (porcine), per IU	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU	
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	
J7194	Factor IX, complex, per IU	
J7195	Factor IX (antihemophilic factor, recombinant) per IU	
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	
J7197	Antithrombin III (human), per IU	

J7198	Anti-inhibitor, per IU	
J7199	Hemophilia clotting factor, not otherwise classified	
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Added 01/01/2015
J7201	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Added 01/01/2015
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Added 01/01/2017
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Added 01/01/2019
J7205	Injection, factor viii fc fusion (recombinant), per iu	Added 01/01/2016
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Added 01/01/2017
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Added 07/01/2019
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Added 01/01/2017
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Added 01/01/2018
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	Added 01/01/2018
J7316	Injection, Ocriplasmin, 0.125 MG	Added 01/01/2014
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Added 01/01/2019
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Added 01/01/2017
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	Added 08/18/2014
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Added 01/01/2017
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Added 08/18/2014
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Added 08/18/2014
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Added 08/18/2014
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Added 01/01/2019
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Added 08/18/2014
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Added 01/01/2015
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Added 01/01/2016
J7330	Autologous cultured chondrocytes, implant	Effective 10/01/2017, all markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam.

J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Added 10/01/2019
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Added 10/01/2019
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Added 01/01/2016
J7401	Mometasone furoate sinus implant, 10 micrograms	Added 10/01/2019
J7504	Lymphocyte immune globulin, antithymocyte globulin, parenteral, 250 mg	Removed 07/01/2016
J7511	Lymphocyte immune globulin, antithymocyte globulin, parenteral, 25 mg	Removed 07/01/2016
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Added 07/01/2019
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Added 08/27/2015
J7799	NOC drugs, other than inhalation drugs, administered through DME	
J7999	Compounded drug, not otherwise classified	Added 01/01/2016
J9000	Injection, doxorubicin HCl, 10 mg	Added 01/01/2018. Brand name: DOXORUBICIN HCL. Precertification delegated to eviCore Medical Oncology Program.
J9015	Injection, aldesleukin, per single use vial	Added 01/01/2018. Brand name: PROLEUKIN. Precertification delegated to eviCore Medical Oncology Program.
J9017	Injection, arsenic trioxide, 1 mg	Added 01/01/2018. Brand name: TRISENOX. Precertification delegated to eviCore Medical Oncology Program.
J9019	Injection, asparaginase, 1,000 iu	Added 01/01/2013; Brand name: Erwinaze Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9022	Injection, atezolizumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program.
J9023	Injection, avelumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program.
J9025	Injection, azacitidine, 1 mg	Added 01/01/2018. Brand name: AZACITIDINE. Precertification delegated to eviCore Medical Oncology Program.
J9027	Injection, clofarabine, 1 mg	Added 01/01/2018. Brand name: CLOLAR. Precertification delegated to

		eviCore Medical Oncology Program.
J9032	Injection, belinostat, 10 mg	Added 01/01/2016; Brand name: Beleodaq Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
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
J9034	Injection, bendamustine hcl, 1 mg	Added to Precert 01/01/2017 Brand name: Bendeka Precertification delegated to eviCore Medical Oncology Program
J9035	Injection, bevacizumab, 10 mg	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.
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Added 07/01/2019 Brand name: Belrapzo Precertification delegated to eviCore Medical Oncology Program
J9039	Injection, blinatumomab, 1 microgram	Added 01/01/2016; Brand names: Blincyto; Blinatumomab. Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9040	Injection, bleomycin sulfate, 15 units	Added 01/01/2018. Brand name: BLEOMYCIN SULFATE. Precertification delegated to eviCore Medical Oncology Program.
J9041	Injection, bortezomib, 0.1 mg	Added 01/01/2018. Brand name: VELCADE. Precertification delegated to eviCore Medical Oncology Program.
J9042	Injection, brentuximab vedotin, 1 mg	Added 01/01/2013; Brand name: Adcetris Precertification delegated to

		eviCore Medical Oncology Program effective 02/17/2017
J9043	Injection, cabazitaxel, 1 mg	Added 08/06/2012; Brand name: Jevtana Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9045	Injection, carboplatin, 50 mg	Added 01/01/2018. Brand name: CARBOPLATIN. Precertification delegated to eviCore Medical Oncology Program.
J9047	Injection, Carfilzomib, 1 MG	Added 01/01/2014 Brand name: Kyprolis Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9055	Injection, cetuximab, 10 mg (Erbix)	Added 05/01/2011; Brand name: Erbitux Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9057	Injection, copanlisib, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9060	Injection, cisplatin, powder or solution, 10 mg	Added 01/01/2018. Brand name: CISPLATIN. Precertification delegated to eviCore Medical Oncology Program.
J9065	Injection, cladribine, per 1 mg	Added 01/01/2018. Brand name: CLADRIBINE. Precertification delegated to eviCore Medical Oncology Program.
J9098	Injection, cytarabine liposome, 10 mg	Added 01/01/2018. Brand name: DEPOCYT. Precertification delegated to eviCore Medical Oncology Program.
J9100	Injection, cytarabine, 100 mg	Added 01/01/2018. Brand name: CYTARABINE. Precertification delegated to eviCore Medical Oncology Program.
J9118	Injection, calaspargase pegol-mknl, 10 units	Added 10/01/2019

		Brand name: Asparlas Precertification delegated to eviCore Medical Oncology Program
J9119	Injection, cemiplimab-rwlc, 1 mg	Added 10/01/2019 Brand name: Libtayo Precertification delegated to eviCore Medical Oncology Program
J9120	Injection, dactinomycin, 0.5 mg	Added 01/01/2018. Brand name: COSMEGEN. Precertification delegated to eviCore Medical Oncology Program.
J9130	Dacarbazine, 100 mg	
J9145	Injection, daratumumab, 10 mg	Added to Precert 01/01/2017; Brand name: Darzalex Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9150	Injection, daunorubicin, 10 mg	Added 01/01/2018. Brand name: DAUNORUBICIN HCL. Precertification delegated to eviCore Medical Oncology Program.
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Added 01/01/2019
J9171	Injection, docetaxel, 1 mg	Added 01/01/2018. Brand name: DOCEFREZ. Precertification delegated to eviCore Medical Oncology Program.
J9173	Injection, durvalumab, 10 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9176	Injection, elotuzumab, 1 mg	Added 01/01/2017; Brand name: Empliciti Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9178	Injection, epirubicin HCl, 2 mg	Added 01/01/2018. Brand name: ELLENCE. Precertification delegated to eviCore Medical Oncology Program.
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
J9181	Injection, etoposide, 10 mg	Added 01/01/2018. Brand

		name: ETOPOPHOS. Precertification delegated to eviCore Medical Oncology Program.
J9185	Injection, fludarabine phosphate, 50 mg	Added 01/01/2018. Brand name: FLUDARABINE PHOSPHATE. Precertification delegated to eviCore Medical Oncology Program.
J9190	Injection, fluorouracil, 500 mg	Added 01/01/2018. Brand name: FLUOROURACIL. Precertification delegated to eviCore Medical Oncology Program.
J9200	Injection, floxuridine, 500 m	Added 01/01/2018. Brand name: FLOXURIDINE. Precertification delegated to eviCore Medical Oncology Program.
J9201	Injection, gemcitabine HCl, 200 mg	Added 01/01/2018. Brand name: GEMCITABINE HCL. Precertification delegated to eviCore Medical Oncology Program.
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program.
J9204	Injection, mogamulizumab-kpkc, 1 mg	Added 10/01/2019 Brand name: Poteligeo Precertification delegated to eviCore Medical Oncology Program
J9205	Injection, irinotecan liposome, 1 mg	Added to Precert 01/01/2017; Brand name: Onivyde Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9206	Injection, irinotecan, 20 mg	Added 01/01/2018. Brand name: CAMPTOSAR. Precertification delegated to eviCore Medical Oncology Program.
J9207	Injection, ixabepilone, 1 mg	Added 01/01/2018. Brand name: IXEMPRA. Precertification delegated to

		eviCore Medical Oncology Program.
J9208	Injection, ifosfamide, 1 g	Added 01/01/2018. Brand name: IFEX. Precertification delegated to eviCore Medical Oncology Program.
J9210	Injection, emapalumab-lzsg, 1 mg	Added 10/01/2019 Brand name: Gamifant Precertification delegated to eviCore Medical Oncology Program
J9211	Injection, idarubicin HCl, 5 mg	Added 01/01/2018. Brand name: IDAMYCIN PFS. Precertification delegated to eviCore Medical Oncology Program.
J9212	Interferon alfacon-1, recombinant, 1 mcg	
J9213	Interferon alfa-2A, recombinant, 3 million units	
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.
J9215	Interferon alfa-N3, (human leukocyte derived), 250,000 IU	
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.
J9225	Histrelin implant (Vantas), 50 mg	Brand name: Vantas Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9226	Histrelin implant (Supprelin LA), 50 mg	
J9228	Injection, ipilimumab, 1 mg	Added 01/01/2012; Brand name: Yervoy Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program

J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Added 01/01/2018. Brand name: MUSTARGEN. Precertification delegated to eviCore Medical Oncology Program.
J9245	Injection, melphalan HCl, 50 mg	Added 01/01/2018. Brand name: ALKERAN. Precertification delegated to eviCore Medical Oncology Program.
J9261	Injection, nelarabine, 50 mg	Added 01/01/2018. Brand name: ARRANON. Precertification delegated to eviCore Medical Oncology Program.
J9262	Injection, Omacetaxine Mepesuccinate, 0.01MG	Added 01/01/2014 Brand name: Synribo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9263	Injection, oxaliplatin, 0.5 mg	Added 01/01/2018. Brand name: OXALIPLATIN. Precertification delegated to eviCore Medical Oncology Program.
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
J9266	Injection, pegaspargase, per single dose vial	Added 01/01/2018. Brand name: ONCASPAR. Precertification delegated to eviCore Medical Oncology Program.
J9267	Injection, paclitaxel, 1 mg	Added 01/01/2018. Brand name: PACLITAXEL. Precertification delegated to eviCore Medical Oncology Program.
J9268	Injection, pentostatin, 10 mg	Added 01/01/2018. Brand name: NIPENT. Precertification delegated to eviCore Medical Oncology Program.
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Added 10/01/2019

J9271	Injection, pembrolizumab, 1 mg	Added 01/01/2016; Brand name: Keytruda Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9280	Injection, mitomycin, 5 mg	Added 01/01/2018. Brand name: MITOMYCIN. Precertification delegated to eviCore Medical Oncology Program.
J9285	Injection, olaratumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program.
J9293	Injection, mitoxantrone HCl, per 5 mg	Added 01/01/2018. Brand name: MITOXANTRONE HCL. Precertification delegated to eviCore Medical Oncology Program.
J9295	Injection, necitumumab, 1 mg	Added to Precert 01/01/2017; Brand name: Portrazza Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9299	Injection, nivolumab, 1 mg	Added 01/01/2016; Brand name: Opdivo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9301	Injection, obinutuzumab, 10 mg	Added to Precert 01/01/2015; Brand name: Gazyva Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9302	Injection, ofatumumab, 10 mg	Added 01/01/2018. Brand name: ARZERRA. Precertification delegated to eviCore Medical Oncology Program.
J9303	Injection, panitumumab, 10 mg	Added 05/01/2011; Brand name: Vectibix Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9305	Injection, pemetrexed, 10 mg	Added 02/06/2012; Brand name: Alimta

		Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9306	Injection, Pertuzumab, 1MG	Added 01/01/2014 Brand name: Perjeta Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9307	Injection, pralatrexate, 1 mg	Added 01/01/2018. Brand name: FOLOTYN. Precertification delegated to eviCore Medical Oncology Program.
J9308	Injection, ramucirumab, 5 mg	Added 01/01/2016; Brand name: Cyramza Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9310	Injection, rituximab, 100 mg	Added 05/01/2011 Removed 10/25/2019 Brand name: RituXan. Effective 02/17/2017, precertification was delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications were submitted to Cigna
J9311	Injection, rituximab 10 mg and hyaluronidase	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9312	Injection, rituximab, 10 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program
J9315	Injection, romidepsin, 1 mg	Added 01/01/2018. Brand name: ISTODAX. Precertification delegated to eviCore Medical Oncology Program.
J9320	Injection, streptozocin, 1 g	Added 01/01/2018. Brand name: ZANOSAR. Precertification delegated to eviCore Medical Oncology Program.
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming	Added to Precert

	units	01/01/2017; Brand name: Imlygic Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9328	Injection, temozolomide, 1 mg	Added 01/01/2018. Brand name: TEMODAR. Precertification delegated to eviCore Medical Oncology Program.
J9330	Injection, temsirolimus, 1 mg	Added 01/01/2018. Brand name: TORISEL. Precertification delegated to eviCore Medical Oncology Program.
J9340	Injection, thiotepa, 15 mg	Added 01/01/2018. Brand name: THIOTEPA. Precertification delegated to eviCore Medical Oncology Program.
J9351	Injection, topotecan, 0.1 mg	Added 01/01/2018. Brand name: HYCAMTIN. Precertification delegated to eviCore Medical Oncology Program.
J9352	Injection, trabectedin, 0.1 mg	Added to Precert 01/01/2017; Brand name: Yondelis Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9354	Injection, Ado-Trastuzumab Emtansine, 1MG	Added 01/01/2014 Brand name: Kadcyca Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Added 05/01/2011; Brand name: Herceptin Precertification delegated to eviCore Medical Oncology Program effective
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Added 07/01/2019 Brand name: Hylecta Precertification delegated to eviCore Medical Oncology Program
J9360	Injection, vinblastine sulfate, 1 mg	Added 01/01/2018. Brand name: VINBLASTINE SULFATE. Precertification delegated to eviCore Medical Oncology Program.
J9370	Vincristine sulfate, 1 mg	Added 01/01/2018. Brand

		name: VINCASAR PFS. Precertification delegated to eviCore Medical Oncology Program.
J9371	Injection, Vincristine Sulfate Liposome, 1MG	Added 01/01/2014 Brand name: Marqibo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
J9390	Injection, vinorelbine tartrate, 10 mg	Added 01/01/2018. Brand name: NAVELBINE. Precertification delegated to eviCore Medical Oncology Program.
J9395	Injection, fulvestrant, 25 mg	Added 01/01/2018. Brand name: FASLODEX. Precertification delegated to eviCore Medical Oncology Program.
J9400	Injection, Ziv-Aflibercept, 1MG	Added 01/01/2014 Brand name: Zaltrap Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017
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), GEMTUZUMAB OZOGAMICIN (Mylotarg), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN and CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB and HYALURONIDASE HUMAN (Rituxan Hycela),

		ROLAPITANT HCL (Varubi): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.
K0005	Ultra-lightweight wheelchair	
K0009	Other manual wheelchair/base	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0014	Other motorized/power wheelchair base	
K0108	Wheelchair component or accessory, not otherwise specified	Removed 10/01/2018
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	

K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	

K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds	

K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, not coded by SADMERC or does not meet criteria	
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	Added 07/01/2013
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Added 08/06/2012
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
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
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
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Added to Precert 02/16/2015
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Added to Precert 02/16/2015
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Added to Precert 02/16/2015
L5856	Elec knee-shin swing/stance	
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
L5858	Stance phase only	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Added 01/01/2013
L5930	High activity knee frame	
L5969	Addition, endoskeletal ankle-foot or ankle system power assist,	Added 01/01/2014

	includes any type motor(s)	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5981	Flex-walk sys low ext prosth	
L5999	Lowr extremity prosthes NOS	
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device	Added 07/01/2011
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 to Precert 01/01/2015
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Added 07/01/2011
L6638	Upper extremity addition to prosthesis, elec locking feature	Added 08/19/2013
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
L6647	Upper extremity addition, shoulder lock mech; body powered actuator	Added 08/19/2013
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Added 07/01/2011
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Added 01/01/2012
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Added 01/01/2012
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Added 07/01/2011
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
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
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
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	
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	Added 07/01/2011

	control of terminal device	
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
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
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
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
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
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
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
L7007	Electric hand, switch or myoelectric controlled, adult	Added 07/01/2011
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Added 07/01/2011
L7009	Electric hook, switch or myoelectric controlled, adult	Added 07/01/2011
L7040	Prehensile actuator, switch controlled	Added 07/01/2011
L7045	Electric hook, switch or myoelectric controlled, pediatric	Added 07/01/2011
L7170	Electronic elbow, Hosmer or equal, switch controlled	Added 07/01/2011
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Added 07/01/2011
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Added 07/01/2011

L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Added 07/01/2011
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Added 07/01/2011
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Added 07/01/2011
L7259	Electronic wrist rotator, any type	Added to Precert 01/01 2015
L7499	Upper Extremity Prosthesis NOS	Added to Precert 02/26/2016
L8040	Nasal prosthesis, provided by a nonphysician	Added 08/06/2012
L8041	Midfacial prosthesis, provided by a nonphysician	Added 08/06/2012
L8042	Orbital prosthesis, provided by a nonphysician	Added 08/06/2012
L8043	Upper facial prosthesis, provided by a nonphysician	Added 08/06/2012
L8044	Hemi-facial prosthesis, provided by a nonphysician	Added 08/06/2012
L8045	Auricular prosthesis	
L8046	Partial facial prosthesis, provided by a nonphysician	Added 08/06/2012
L8047	Nasal septal prosthesis, provided by a nonphysician	Added 08/06/2012
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	Added 08/06/2012
L8499	Unlisted misc prosthetic ser	
L8510	Voice amplifier	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies	Added 01/01/2013
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	Added 01/01/2019
L8614	Cochlear device/system	
L8619	Cochlear implant external speech processor, replacement	
L8641	Metatarsal joint implant	
L8642	Hallux implant	
L8679	Implantable neurostimulator, pulse generator, any type	Added 01/01/2014
L8680	Implantable neurostimulator electrode, each	Added 02/18/2013 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8682	Implantable neurostimulator radiofrequency receiver	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Added 02/18/2013 All markets are effective with eviCore healthcare (formerly MSI) 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.

L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Added 02/18/2013 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	01/01/2016 All markets are effective with eviCore healthcare (formerly MSI) 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.
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	Added 01/01/2019
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

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
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	Added 02/06/2012
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	Added 02/06/2012
Q2017	Injection, teniposide, 50 mg	Added 01/01/2018. Brand name: TENIPOSIDE. Precertification delegated to eviCore Medical Oncology Program.
Q2026	Injection, Radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	Added 01/01/2014
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Added 01/01/2018
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
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Added 01/01/2019
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
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Added 01/01/2018. Brand name: DOXIL. Precertification delegated to eviCore Medical Oncology Program.
Q3001	Brachytherapy Radioelements	Added 08/01/2012. Effective 10/25/2019, precertification delegated to eviCore National Radiation Therapy Program
Q3027	Injection, Interferon Beta-1A, 1 MCG for intramuscular use	Added 01/01/2014
Q3028	Injection, Interferon Beta-1A, 1 MCG for subcutaneous use	Added 01/01/2014
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg	Added 08/27/2015
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Added 02/16/2015
Q4082	Drug or biological, not otherwise classified, Part B drug competitive	

Q4100	Skin substitute, NOS	
Q4102	Oasis wound matrix skin sub	
Q4103	Oasis burn matrix skin sub	
Q4106	Dermagraft, per sq cm	Added 02/18/2013
Q4107	Graftjacket skin sub	
Q4110	Primatrix skin sub	
Q4111	Gammagraft skin sub	
Q4112	Cymetra allograft	
Q4113	Graftjacket express allograf	
Q4114	Integra flowable wound matri	
Q4115	Skin substitute, Alloskin, per square centimeter	Added 02/06/2012
Q4117	HYALOMATRIX, per sq cm	Added 02/06/2012
Q4118	MatriStem micromatrix, 1 mg	Added 02/06/2012
Q4121	TheraSkin, per sq cm	Added 02/06/2012
Q4122	DermACELL, per sq cm	Added 01/01/2012
Q4123	AlloSkin RT, per sq cm	Added 01/01/2012
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Added 01/01/2012
Q4125	Arthroflex, per sq cm	Added 01/01/2012
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Added 01/01/2012
Q4127	Talymed, per sq cm	Added 01/01/2012
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Added 01/01/2012
Q4130	Strattice TM, per sq cm	Added 01/01/2012
Q4131	Epifix, per square centimeter	Added 01/01/2013 Removed 10/25/2019
Q4132	Grafix core, per square centimeter	Added 01/01/2013
Q4133	Grafix prime, per square centimeter	Added 01/01/2013
Q4134	Hmatrix, per square centimeter	Added 01/01/2013
Q4135	Mediskin, per square centimeter	Added 01/01/2013
Q4136	Ez-derm, per square centimeter	Added 01/01/2013
Q4137	Amnioexcel or Biodexcel, per square centimeter	Added 01/01/2014
Q4138	Biodfence dryflex, per square centimeter	Added 01/01/2014
Q4139	Amniomatrix or Biodmatrix, inectable, 1 CC	Added 01/01/2014
Q4140	Biodfence, per square centimeter	Added 01/01/2014
Q4141	Alloskin AC, per square centimeter	Added 01/01/2014
Q4142	XCM biologic tissue matrix, per square centimeter	Added 01/01/2014
Q4143	Repriza, per square centimeter	Added 01/01/2014
Q4145	Epifix, injectable, 1 MG	Added 01/01/2014
Q4146	Tensix, per square centimeter	Added 01/01/2014
Q4147	Architect extracellular matrix, per square centimeter	Added 01/01/2014

Q4148	Neox 1K, per square centimeter	Added 01/01/2014
Q4149	Excellagen, 0.1 CC	Added 01/01/2014
Q4150	Allowrap ds or dry, per square centimeter	Added 01/01/2015
Q4151	Amnioband or guardian, per square centimeter	Added 01/01/2015
Q4152	Dermapure, per square centimeter	Added 01/01/2015
Q4153	Dermavest, per square centimeter	Added 01/01/2015
Q4154	Biovance, per square centimeter	Added 01/01/2015
Q4155	Neoxflo or clariflo, 1 mg	Added 01/01/2015
Q4156	Neox 100, per square centimeter	Added 01/01/2015
Q4157	Revitalon, per square centimeter	Added 01/01/2015
Q4158	Marigen, per square centimeter	Added 01/01/2015
Q4159	Affinity, per square centimeter	Added 01/01/2015
Q4160	Nushield, per square centimeter	Added 01/01/2015
Q4161	Bio-connekt wound matrix, per square centimeter	Added 01/01/2016
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Added 01/01/2016
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Added 01/01/2016
Q4164	Helicoll, per square centimeter	Added 01/01/2016
Q4165	Keramatrix, per square centimeter	Added 01/01/2016
Q4166	Cytal, per square centimeter	Added 01/01/2017
Q4167	Truskin, per square centimeter	Added 01/01/2017
Q4168	Amnioband, 1 mg	Added 01/01/2017
Q4169	Artacent wound, per square centimeter	Added 01/01/2017
Q4170	Cygnus, per square centimeter	Added 01/01/2017
Q4171	Interfyl, 1 mg	Added 01/01/2017
Q4172	Puraply or puraply am, per square centimeter	Added 01/01/2017 Removed 10/25/2019
Q4173	Palingen or palingen xplus, per square centimeter	Added 01/01/2017
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	Added 01/01/2017
Q4175	Miroderm, per square centimeter	Added 01/01/2017
Q4176	Neopatch, per square centimeter	Added 01/01/2018
Q4177	Floweramnioflo, 0.1 cc	Added 01/01/2018
Q4178	Floweramniopatch, per square centimeter	Added 01/01/2018
Q4179	Flowerderm, per square centimeter	Added 01/01/2018

Q4180	Revita, per square centimeter	Added 01/01/2018
Q4181	Amnio wound, per square centimeter	Added 01/01/2018
Q4182	Transcyte, per square centimeter	Added 01/01/2018
Q4183	Surgigraft, per square centimeter	Added 01/01/2019
Q4184	Cellesta, per square centimeter	Added 01/01/2019
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Added 01/01/2019
Q4186	Epifix, per square centimeter	Added 01/01/2019
Q4187	Epicord, per square centimeter	Added 01/01/2019
Q4188	Amnioarmor, per square centimeter	Added 01/01/2019
Q4189	Artacent ac, 1 mg	Added 01/01/2019
Q4190	Artacent ac, per square centimeter	Added 01/01/2019
Q4191	Restorigin, per square centimeter	Added 01/01/2019
Q4192	Restorigin, 1 cc	Added 01/01/2019
Q4193	Coll-e-derm, per square centimeter	Added 01/01/2019
Q4194	Novachor, per square centimeter	Added 01/01/2019
Q4195	Puraply, per square centimeter	Added 01/01/2019
Q4196	Puraply am, per square centimeter	Added 01/01/2019
Q4197	Puraply xt, per square centimeter	Added 01/01/2019
Q4198	Genesis amniotic membrane, per square centimeter	Added 01/01/2019
Q4200	Skin te, per square centimeter	Added 01/01/2019
Q4201	Matrion, per square centimeter	Added 01/01/2019
Q4202	Keroxx (2.5g/cc), 1cc	Added 01/01/2019
Q4203	Derma-gide, per square centimeter	Added 01/01/2019
Q4204	Xwrap, per square centimeter	Added 01/01/2019
Q4205	Membrane graft or membrane wrap, per square centimeter	Added 10/01/2019
Q4206	Fluid flow or fluid GF, 1 cc	Added 10/01/2019
Q4208	Novafix, per square centimeter	Added 10/01/2019
Q4209	Surgraft, per square centimeter	Added 10/01/2019
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Added 10/01/2019
Q4211	Amnion bio or Axobiomembrane, per square centimeter	Added 10/01/2019
Q4212	Allogene, per cc	Added 10/01/2019
Q4213	Ascent, 0.5 mg	Added 10/01/2019
Q4214	Cellesta cord, per square centimeter	Added 10/01/2019
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Added 10/01/2019
Q4216	Artacent cord, per square centimeter	Added 10/01/2019
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Added 10/01/2019
Q4218	Surgicord, per square centimeter	Added 10/01/2019
Q4219	Surgigraft-dual, per square centimeter	Added 10/01/2019
Q4220	BellaCell HD or Surederm, per square centimeter	Added 10/01/2019
Q4221	Amniowrap2, per square centimeter	Added 10/01/2019
Q4222	Progenamatrix, per square centimeter	Added 10/01/2019
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	Added 10/01/2019
Q5001	Hospice or home health care provided in patient's home/residence	Added 02/16/2015
Q5002	Hospice or home health care provided in assisted living facility	Added 02/16/2015
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	Added 02/16/2015

Q5004	Hospice care provided in skilled nursing facility (SNF)	Added 02/16/2015
Q5005	Hospice care provided in inpatient hospital	Added 02/16/2015
Q5006	Hospice care provided in inpatient hospice facility	Added 02/16/2015
Q5007	Hospice care provided in long-term care facility	Added 02/16/2015
Q5008	Hospice care provided in inpatient psychiatric facility	Added 02/16/2015
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	Added 02/16/2015
Q5010	Hospice home care provided in a hospice facility	
Q5101	Injection, Filgrastim (G-CSF), Biosimilar, 1 microgram	Added 07/01/2015 Removed 02/17/2017
Q5102	Injection, Infliximab, Biosimilar, 10 mg	Added 07/01/2016 Removed 01/01/2019
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Added 04/01/2018
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Added 04/01/2018
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	Added 07/01/2018
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Added 07/01/2018
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Added 01/01/2019
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Added 07/12/2018 Precertification delegated to eviCore Medical Oncology Program
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Added 01/01/2019
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Added 10/01/2018 Precertification delegated to eviCore Medical Oncology Program
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenycya), 0.5 mg.	Added 01/01/2019
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Added 07/01/2019 Brand name: Ontruzant Precertification delegated to eviCore Medical Oncology Program
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Added 07/01/2019 Brand name: Herzuma Precertification delegated to eviCore Medical Oncology Program
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Added 07/01/2019 Brand name: Ogivri Precertification delegated to eviCore Medical Oncology Program
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Added 07/01/2019 Brand name: Truxima Precertification delegated to eviCore Medical Oncology Program

		Program
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program
Q9970	Injection, Ferric Carboxymaltose, 1mg	Added 07/01/2014 Removed 02/26/2016
Q9972	Injection, Epoetin Beta, 1 microgram, (For ESRD On Dialysis)	Added 10/01/2014 Removed 01/01/2019
Q9973	Injection, Epoetin Beta, 1 microgram, (Non-ESRD use)	Added 10/01/2014; Removed 01/01/2019
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Added 07/01/2016
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	Added 07/01/2016
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg	Added 07/01/2017 Removed 01/01/2019
Q9989	Ustekinumab, for Intravenous Injection, 1 mg	Added 07/01/2017 Removed 01/01/2019
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Added 07/01/2018 Removed 10/25/2019
Q9995	Injection, emicizumab-kxwh, 0.5 mg	Added 07/01/2018 Removed 10/25/2019
S0090	Sildenafil citrate, 25 mg (Revatio)	Added 08/27/2015
S0122	Menotropins, 75 IU	
S0126	Follitropin alfa, 75 IU	
S0128	Follitropin beta, 75 IU	
S0132	Ganirelix acetate, 250 mcg	
S0145	Peginterferon alpha-2a	Brand name: Pegasys. Precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.
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.
S0189	Testosterone pellet, 75 mg	Added 08/25/2017. Precertification required for Affordable Care Act Individual Family Plan customers effective 1/1/2018.
S0201	Partial hospitalization services, less than 24 hours, per diem	Added 08/27/2015
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	Added 08/06/2012
S0810	Photorefractive Keratectomy	
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
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Added 07/01/2012
S2053	Transplantation of small intestine and liver allografts	
S2054	Transplantation of multivisceral organs	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	
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 health (formerly CareCore) National Radiation Therapy Program
S2102	Islet cell tissue transplant from pancreas; allogenic	
S2103	Adrenal tissue transplant to brain	
S2107	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment	
S2117	ARTHROEREISIS, SUBTALAR	
S2140	Cord blood harvesting for transplantation, allogeneic	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	
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)	
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	
S2202	Echosclerotherapy	
S2235	Implantation of auditory brain stem implant	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	
S2404	Repair, myelomeningocele in the fetus, procedure performed in uter	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Added 02/06/2012; Removed 10/01/2018
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated fap	Added 09/15/2013; Removed 04/01/2015
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Added 08/26/2016
S3841	Genetic testing for retinoblastoma	Added 08/26/2016
S3842	Gene test Hippel-Lindau	Added 09/15/2013
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Removed 10/01/2018
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Added 07/01/2016
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected Brugada syndrome	Added 02/06/2012
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Added 08/26/2016
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
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
S8030	Tantalum ring application	Added 08/01/2012 Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program
S8035	Magnetic source imaging	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii,

		Puerto Rico and Guam
S8037	Magnetic resonance cholangiopancreatography (MRCP)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
S8042	Magnetic resonance imaging (MRI), low-field	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	
S8085	Fluorine-18 fluorodeoxyglucose(F-18 FDG) imaging using dual-head coincidence detection system	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	All markets are effective with eviCore healthcare (formerly MSI) except for Hawaii, Puerto Rico and Guam
S9055	Procuren or other growth factor preparation to promote wound healing	
S9056	Coma stimulation, per diem	Removed 02/26/2016
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
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)	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	
S9125	Respite care, in the home, per diem	Added 02/16/2015
S9126	Hospice care, in the home, per diem	Added 02/16/2015
S9127	Social work visit, in the home, per diem	Added 10/25/2019
S9128	Speech therapy, in the home, per diem	
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)	
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	
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	
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	
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	
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	
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	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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)	
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	

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	
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	
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	
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	
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)	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use with hydration therapy codes S9374-S9377 using daily volume scales)	Removed 02/17/2017
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 02/17/2017
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 02/17/2017
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 02/17/2017

S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 02/17/2017
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	
S9480	Intensive outpatient psychiatric services, per diem	Added 08/27/2015
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Added 01/01/2014
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Added 01/01/2014
S9975	Transplant related lodging, meals and transportation, per diem	
T1000	Private duty/independent nsg	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	

***Note: 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.**

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