



State Health Benefit Plan UM Medical Policies and Clinical Guidelines Precertification Code List

**Carelon Medical Benefits Management, Inc.:** Carelon Medical Benefits Management, a separate company, is a nationally recognized leader in specialty benefits management. To submit your request for any of the services below, contact Carelon Medical Benefits Management online via their ProviderPortal, **providerportal.com**. From the drop-down menu, select Anthem — SHBP UM. You may also call Carelon Medical Benefits Management toll-free at **866-714-1103**, Monday to Friday, 8 a.m. to 6 p.m. ET. **Diagnostic Imaging Management:** Diagnostic imaging management services are provided by Carelon Medical Benefits Management for certain health plan members. Diagnostic imaging services may be reviewed against Carelon Medical Benefits Management's Diagnostic Imaging Utilization Management Clinical Guidelines. Carelon Medical Benefits Management's Clinical Guidelines are available at **https://guidelines.carelonmedicalbenefitsmanagement.com**. If you have any questions about which guidelines apply, call the customer service number on the back of the member's ID card.

**Radiation therapy services:** Review of Anthem — SHBP UM outpatient radiation therapy services are also done by Carelon Medical Benefits Management. Care providers must contact Carelon Medical Benefits Management for prior authorization for the following nonemergency outpatient: intensity modulated radiation therapy (IMRT), proton beam radiation therapy, stereotactic radiosurgery (SRS)/stereotactic body radiotherapy (SBRT), and brachytherapy. Radiation therapy performed as part of an inpatient admission will continue to be reviewed through Anthem — SHBP UM's inpatient precertification process. Prior authorization is required through Carelon Medical Benefits Management for all Anthem — SHBP UM members, with the exception of members with Anthem — SHBP UM as secondary coverage.

**Outpatient sleep testing and therapy services:** The specialty benefit management program for outpatient sleep testing and therapy services for obstructive sleep apnea is administered by Carelon Medical Benefits Management and includes the following: home sleep test (HST); in-lab sleep study (PSG); titration study; initial treatment order (APAP, CPAP, BPAP, oral devices, appliances and related supplies); and ongoing treatment order (APAP, CPAP, BPAP, oral devices, appliances, and related supplies). Anthem — SHBP UM uses sleep diagnostic and treatment guidelines developed by Carelon Medical Benefits Management. Carelon Medical Benefits Management's Obstructive Sleep Apnea Diagnostic and Treatment Management Guidelines are available at **https://guidelines.carelonmedicalbenefitsmanagement.com/current-sleep-guidelines**. The precertification requirement applies to Anthem — SHBP UM members. The requirement does not apply to those for whom Anthem — SHBP UM is secondary coverage, including those whose primary insurance carrier is Medicare.

**Specialty medications:** Specialty medications will be reviewed by Carelon Rx, Inc, a seprate company. Prior authorization requirement does not indicate coverage. Check benefits to see if the specialty medication is covered under Anthem — SHBP UM Medical or CVS Caremark pharmacy vendor. For questions regarding the specialty meds requiring precert, call **855-668-6442**.

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Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
00170	Anesthesia for intraoral procedures, including biopsy	Anthem — SHBP UM	CG-MED-41	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	Anthem — SHBP UM	ANC.00007, SURG.00023, MCG GRG	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	Anthem — SHBP UM	ANC.00007, SURG.00023, MCG GRG	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	Anthem — SHBP UM	ANC.00007, SURG.00023, MCG GRG	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Anthem — SHBP UM	ANC.00007, MCG GRG	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Anthem — SHBP UM	ANC.00007, MCG GRG	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Anthem — SHBP UM	ANC.00007, MCG GRG	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Anthem — SHBP UM	ANC.00007, MCG GRG	
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Anthem — SHBP UM	SURG.00011	
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm	Anthem — SHBP UM	SURG.00011	
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	Anthem — SHBP UM	SURG.00011	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Anthem — SHBP UM	SURG.00011	
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm	Anthem — SHBP UM	SURG.00011	
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	Anthem — SHBP UM	SURG.00011	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Anthem — SHBP UM	MCG GRG	
15771	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Anthem — SHBP UM	MCG GRG	
15772	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Anthem — SHBP UM	MCG GRG	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet	Anthem — SHBP UM	MCG GRG	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet	Anthem — SHBP UM	MCG GRG	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Anthem — SHBP UM	ANC.00007	
15776	Punch graft for hair transplant; more than 15 punch grafts	Anthem — SHBP UM	ANC.00007	
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk)	Anthem — SHBP UM	SURG.00011	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Anthem — SHBP UM	ANC.00007	
15781	Dermabrasion; segmental, face	Anthem — SHBP UM	ANC.00007	
15782	Dermabrasion; regional, other than face	Anthem — SHBP UM	ANC.00007	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Anthem — SHBP UM	ANC.00007	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
15786	Abrasion; single lesion	Anthem — SHBP UM	ANC.00007	
15787	Abrasion (lesions)	Anthem — SHBP UM	ANC.00007	
15788	Chemical peel, facial; epidermal	Anthem — SHBP UM	ANC.00007	
15789	Chemical peel, facial	Anthem — SHBP UM	ANC.00007	
15792	Chemical peel, nonfacial; epidermal	Anthem — SHBP UM	ANC.00007	
15793	Chemical peel, nonfacial; dermal	Anthem — SHBP UM	ANC.00007	
15819	Cervicoplasty	Anthem — SHBP UM	ANC.00008	
15820	Blepharoplasty, lower eyelid;	Anthem — SHBP UM	CG-SURG-03	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Anthem — SHBP UM	CG-SURG-03	
15822	Blepharoplasty, upper eyelid;	Anthem — SHBP UM	CG-SURG-03	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Anthem — SHBP UM	CG-SURG-03	
15824	Rhytidectomy; forehead	Anthem — SHBP UM	ANC.00008, SURG.00096	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Anthem — SHBP UM	ANC.00008	
15826	Rhytidectomy; glabellar frown lines	Anthem — SHBP UM	ANC.00008, SURG.00096	
15828	Rhytidectomy; cheek, chin, and neck	Anthem — SHBP UM	ANC.00008	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Anthem — SHBP UM	ANC.00008	
15830	Excision, excessive skin and subcutaneous tissue(includes lipectomy); abdomen, infraumbilical panniculectomy	Anthem — SHBP UM	CG-SURG-99	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Anthem — SHBP UM	ANC.00009	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Anthem — SHBP UM	ANC.00009	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Anthem — SHBP UM	ANC.00009	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Anthem — SHBP UM	ANC.00009	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Anthem — SHBP UM	ANC.00009	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Anthem — SHBP UM	ANC.00009	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Anthem — SHBP UM	ANC.00008	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Anthem — SHBP UM	ANC.00009	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Anthem — SHBP UM	ANC.00008	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Anthem — SHBP UM	ANC.00008	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Anthem — SHBP UM	ANC.00008	
15843	Graft for facial nerve paralysis	Anthem — SHBP UM	ANC.00008	
15844	Graft for facial nerve paralysis	Anthem — SHBP UM	ANC.00008	
15845	Graft for facial nerve paralysis; regional muscle transfer	Anthem — SHBP UM	ANC.00008	
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)	Anthem — SHBP UM	CG-SURG-99	
15876	Suction assisted lipectomy; head and neck	Anthem — SHBP UM	ANC.00008, MCG GRG	
15877	Suction assisted lipectomy, trunk [when specified as breast liposuction for breast reduction]	Anthem — SHBP UM	CG-SURG-71, CG-SURG-99, ANC.00009, SURG.00023, MCG	
15878	Suction assisted lipectomy; upper extremity	Anthem — SHBP UM	ANC.00009	
15879	Suction assisted lipectomy; lower extremity	Anthem — SHBP UM	ANC.00009	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Anthem — SHBP UM	ANC.00007	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Anthem — SHBP UM	ANC.00007	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Anthem — SHBP UM	ANC.00007	
17380	Electrolysis epilation, each 30 minutes	Anthem — SHBP UM	ANC.00007, MCG GRG	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue, when specified as harvesting or administration of stem cells for therapy to repair damaged cells or body tissues:	Anthem — SHBP UM	CG-SURG-99, ANC.00007, SURG.00011, TRANS.00035, MCG GRG	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Anthem — SHBP UM	CG-SURG-61	
19303	Mastectomy, simple, complete	Anthem — SHBP UM	MCG GRG	
19316	Mastopexy	Anthem — SHBP UM	SURG.00023	
19318	Reduction mammoplasty	Anthem — SHBP UM	CG-SURG-71, SURG.00023, MCG	
19325	Mammoplasty, augmentation; with prosthetic implant	Anthem — SHBP UM	SURG.00023, MCG GRG	
19328	Removal of intact mammary implant	Anthem — SHBP UM	SURG.00023	
19330	Removal of mammary implant material	Anthem — SHBP UM	SURG.00023	
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Anthem — SHBP UM	SURG.00023	
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Anthem — SHBP UM	SURG.00023	
19350	Nipple/areola reconstruction	Anthem — SHBP UM	SURG.00023, MCG GRG	
19355	Correction of inverted nipples	Anthem — SHBP UM	SURG.00023	
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent	Anthem — SHBP UM	SURG.00023	
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	Anthem — SHBP UM	SURG.00023	
19364	Breast reconstruction with free flap	Anthem — SHBP UM	SURG.00023	
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	Anthem — SHBP UM	SURG.00023	
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging)	Anthem — SHBP UM	SURG.00023	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	Anthem — SHBP UM	SURG.00023	
19380	Revision of reconstructed breast	Anthem — SHBP UM	SURG.00023	
19396	Preparation of moulage for custom breast implant	Anthem — SHBP UM	SURG.00023	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance [when specified as temporomandibular joint aspiration]	Anthem — SHBP UM	CG-SURG-09	
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting [when specified as temporomandibular joint aspiration]	Anthem — SHBP UM	CG-SURG-09	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for	Carelon Medical Benefits Management	MSK	
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately	Carelon Medical Benefits Management	MSK	
20974	Allograft for spine surgery only; morselized (List separately in addition to code for primary	Anthem — SHBP UM	CG-DME-40	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Anthem — SHBP UM	CG-DME-45	
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue	Anthem — SHBP UM	CG-SURG-61	
21010	Arthrotomy, temporomandibular joint	Anthem — SHBP UM	CG-SURG-09	
21050	Condylectomy, temporomandibular joint (separate procedure)	Anthem — SHBP UM	CG-SURG-09	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Anthem — SHBP UM	CG-SURG-09	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)	Anthem — SHBP UM	CG-SURG-09	
21083	Impression and custom preparation; palatal lift prosthesis	Anthem — SHBP UM	ANC.00008	
21087	Impression and custom preparation; nasal prosthesis	Anthem — SHBP UM	ANC.00008	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Anthem — SHBP UM	CG-SURG-09	
21116	Injection procedure for temporomandibular joint arthrography	Anthem — SHBP UM	CG-SURG-09	
21120	Genioplasty	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21121	Genioplasty	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21122	Genioplasty	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21123	Genioplasty	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21125	Augmentation, mandibular body or angle; prosthetic material	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21137	Reduction forehead; contouring only	Anthem — SHBP UM	ANC.00008, MCG GRG	
21138	material or bone graft (includes obtaining autograft)	Anthem — SHBP UM	ANC.00008, MCG GRG	
21139	frontal sinus wall	Anthem — SHBP UM	ANC.00008, MCG GRG	
21141	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21142	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21143	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21145	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21146	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21147	Reconstruction midface, LeFort I	Anthem — SHBP UM	CG-SURG-84	
21150	Reconstruction midface, LeFort II	Anthem — SHBP UM	CG-SURG-84	
21151	Reconstruction midface, LeFort II	Anthem — SHBP UM	CG-SURG-84	
21154	Reconstruction midface, LeFort III	Anthem — SHBP UM	CG-SURG-84	
21155	Reconstruction midface, LeFort III	Anthem — SHBP UM	CG-SURG-84	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts)	Anthem — SHBP UM	ANC.00008	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts)	Anthem — SHBP UM	ANC.00008	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Anthem — SHBP UM	ANC.00008, MCG GRG	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Anthem — SHBP UM	ANC.00008	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims	Anthem — SHBP UM	ANC.00008	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims	Anthem — SHBP UM	ANC.00008	
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts)	Anthem — SHBP UM	ANC.00008	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts)	Anthem — SHBP UM	ANC.00008	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts)	Anthem — SHBP UM	ANC.00008	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Anthem — SHBP UM	CG-SURG-84, SURG.00129, MCG	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Anthem — SHBP UM	CG-SURG-84, SURG.00129, MCG GRG	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Anthem — SHBP UM	CG-SURG-84, SURG.00129, MCG	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Anthem — SHBP UM	CG-SURG-84, SURG.00129, MCG	
21198	Osteotomy, mandible, segmental	Anthem — SHBP UM	CG-SURG-84, SURG.00129, MCG	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21209	Osteoplasty, facial bones; reduction	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Anthem — SHBP UM	CG-SURG-09, CG-SURG-84, ANC.00008, MCG GRG	
21215	Graft, bone; mandible (includes obtaining graft)	Anthem — SHBP UM	CG-SURG-84, MCG GRG	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Anthem — SHBP UM	ANC.00008, MCG GRG	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Anthem — SHBP UM	ANC.00008, MCG GRG	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Anthem — SHBP UM	CG-SURG-09	
21242	Arthroplasty, temporomandibular joint, with allograft	Anthem — SHBP UM	CG-SURG-09	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Anthem — SHBP UM	CG-SURG-09	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Anthem — SHBP UM	CG-SURG-84	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Anthem — SHBP UM	CG-SURG-84	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Anthem — SHBP UM	CG-SURG-84	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Anthem — SHBP UM	CG-SURG-84	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Anthem — SHBP UM	ANC.00008	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro- ophthalmia)	Anthem — SHBP UM	ANC.00008	
21270	Malar augmentation, prosthetic material	Anthem — SHBP UM	ANC.00008, MCG GRG	
21275	Secondary revision of orbitocraniofacial reconstruction	Anthem — SHBP UM	ANC.00008	



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21685	Hyoid myotomy and suspension	Anthem — SHBP UM	SURG.00129	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Anthem — SHBP UM	ANC.00009	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Anthem — SHBP UM	ANC.00009	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Anthem — SHBP UM	ANC.00009	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Carelon Medical Benefits Management	MSK	
22505	Manipulation of spine requiring anesthesia, any region	Anthem — SHBP UM	CG-MED-65	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Carelon Medical Benefits Management	MSK	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral [when specified	Carelon Medical Benefits Management	MSK	
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 [when specified as other than sacral]	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
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 [when specified as other than sacral] (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Carelon Medical Benefits Management	MSK	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22527	Percutaneous intradiscal electrothermal annuloplasty [IDET], unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels	Anthem — SHBP UM	SURG.00052	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	MSK	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus- C1-C2 (atlas-axis), with or without excision of odontoid process	Carelon Medical Benefits Management	MSK	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Carelon Medical Benefits Management	MSK	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Carelon Medical Benefits Management	MSK	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Carelon Medical Benefits Management	MSK	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	MSK	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon Medical Benefits Management	MSK	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Carelon Medical Benefits Management	MSK	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Carelon Medical Benefits Management	MSK	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Carelon Medical Benefits Management	MSK	
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	MSK	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	MSK	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Carelon Medical Benefits Management	MSK	
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)	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
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 interspace and segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Carelon Medical Benefits Management	MSK	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Carelon Medical Benefits Management	MSK	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Carelon Medical Benefits Management	MSK	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Carelon Medical Benefits Management	MSK	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Carelon Medical Benefits Management	MSK	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Carelon Medical Benefits Management	MSK	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Carelon Medical Benefits Management	MSK	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Carelon Medical Benefits Management	MSK	
22830	Exploration of spinal fusion	Carelon Medical Benefits Management	MSK	
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22849	Reinsertion of spinal fixation device	Carelon Medical Benefits Management	MSK	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Carelon Medical Benefits Management	MSK	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Carelon Medical Benefits Management	MSK	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	MSK	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	MSK	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	MSK	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	MSK	
22867	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Anthem — SHBP UM	SURG.00092	
22868	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level	Anthem — SHBP UM	SURG.00092	
22869	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Anthem — SHBP UM	SURG.00092	
22870	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	Anthem — SHBP UM	SURG.00092	
22999	Unlisted procedure, abdomen, musculoskeletal system	Anthem — SHBP UM	CG-SURG-99	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Carelon Medical Benefits Management	MSK	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Carelon Medical Benefits Management	MSK	
23120	Claviculectomy; partial	Carelon Medical Benefits Management	MSK	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Carelon Medical Benefits Management	MSK	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Carelon Medical Benefits Management	MSK	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Carelon Medical Benefits Management	MSK	
23415	Coracoacromial ligament release, with or without acromioplasty	Carelon Medical Benefits Management	MSK	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Carelon Medical Benefits Management	MSK	
23430	Tenodesis of long tendon of biceps	Carelon Medical Benefits Management	MSK	
23440	Resection or transplantation of long tendon of biceps	Carelon Medical Benefits Management	MSK	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Carelon Medical Benefits Management	MSK	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Carelon Medical Benefits Management	MSK	
23460	Capsulorrhaphy, anterior, any type; with bone block	Carelon Medical Benefits Management	MSK	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Carelon Medical Benefits Management	MSK	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Carelon Medical Benefits Management	MSK	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
23466	Capsulorrhaphy, glenohumeral joint, any type multi- directional instability	Carelon Medical Benefits Management	MSK	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Carelon Medical Benefits Management	MSK	
24300	Manipulation, elbow, under anesthesia	Anthem — SHBP UM	CG-MED-65	
25259	Manipulation, wrist, under anesthesia	Anthem — SHBP UM	CG-MED-65	
26340	Manipulation, finger joint, under anesthesia, each joint	Anthem — SHBP UM	CG-MED-65	
27275	Manipulation, hip joint, requiring general anesthesia	Anthem — SHBP UM	CG-MED-65	
27280	Arthrodesis,open, sacroiliac joint including obtaining bone graft, including instrumentation, when performed	Anthem — SHBP UM	CG-SURG-111	
27412	Autologous chondrocyte implantation, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
27415	Osteochondral allograft, knee, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
27599	Implantable Shock Absorber for Treatment of Knee Osteoarthritis	Anthem — SHBP UM	SURG.00162	
27702	Arthroplasty, ankle; with implant (total ankle)	Carelon Medical Benefits Management	MSK	
27703	Arthroplasty, ankle; revision, total ankle	Carelon Medical Benefits Management	MSK	
27704	Removal of ankle implant	Carelon Medical Benefits Management	MSK	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Anthem — SHBP UM	CG-MED-65	
27870	Arthrodesis, ankle, open	Carelon Medical Benefits Management	MSK	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Carelon Medical Benefits Management	MSK	
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Carelon Medical Benefits Management	MSK	
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	Carelon Medical Benefits Management	MSK	
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Carelon Medical Benefits Management	MSK	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Carelon Medical Benefits Management	MSK	
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Carelon Medical Benefits Management	MSK	
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Carelon Medical Benefits Management	MSK	
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Carelon Medical Benefits Management	MSK	
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Carelon Medical Benefits Management	MSK	
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Carelon Medical Benefits Management	MSK	
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Carelon Medical Benefits Management	MSK	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Carelon Medical Benefits Management	MSK	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Carelon Medical Benefits Management	MSK	
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Carelon Medical Benefits Management	MSK	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Carelon Medical Benefits Management	MSK	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Carelon Medical Benefits Management	MSK	
28315	Sesamoidectomy, first toe (separate procedure)	Carelon Medical Benefits Management	MSK	
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
28750	Arthrodesis, great toe; metatarsophalangeal joint	Carelon Medical Benefits Management	MSK	
28899	Unlisted procedure, foot or toes	Anthem — SHBP UM	SURG.00104	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Anthem — SHBP UM	CG-SURG-09	
29804	Arthroscopy, temporomandibular joint, surgical	Anthem — SHBP UM	CG-SURG-09	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
30110	Excision, nasal polyp(s), simple	Anthem — SHBP UM	CG-SURG-87	
30115	Excision, nasal polyp(s), extensive	Anthem — SHBP UM	CG-SURG-87	
30120	Excision or surgical planing of skin of nose for rhinophyma	Anthem — SHBP UM	ANC.00008	
30130	Excision inferior turbinate, partial or complete, any method	Anthem — SHBP UM	CG-SURG-87	
30140	Submucous resection inferior turbinate, partial or complete, any method	Anthem — SHBP UM	CG-SURG-87	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Anthem — SHBP UM	ANC.00008, MCG GRG	
30401	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30402	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30403	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30404	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30405	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30406	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30407	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30408	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30409	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Anthem — SHBP UM	ANC.00008, MCG GRG	
30411	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30412	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30413	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30414	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
30415	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30416	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30417	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30418	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30419	Rhinoplasty, primary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30420	Rhinoplasty, primary; including major septal repair	Anthem — SHBP UM	ANC.00008, MCG GRG	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Anthem — SHBP UM	ANC.00008, MCG GRG	
30431	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30432	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30433	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30434	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Anthem — SHBP UM	ANC.00008, MCG GRG	
30436	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30437	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30438	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30439	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30440	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30441	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30442	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30443	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30444	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30445	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30446	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30447	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30448	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG	
30449	Rhinoplasty, secondary	Anthem — SHBP UM	ANC.00008, MCG GRG7	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Anthem — SHBP UM	ANC.00008, MCG GRG	
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)	Anthem — SHBP UM	CG-SURG-87	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Anthem — SHBP UM	CG-SURG-87	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Anthem — SHBP UM	CG-SURG-87	
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	Anthem — SHBP UM	CG-SURG-87	
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)	Anthem — SHBP UM	CG-SURG-87	
30999	Unlisted procedure, nose [when specified as minimally invasive treatment of the posterior nasal nerve, for example using cryotherapy, radiofrequency therapy or laser] Note: if code 30117 [Excision or destruction (eg, laser), intranasal lesion, internal approach] is used to describe minimally invasive treatment of the posterior nasal nerve, for example using cryotherapy, radiofrequency therapy or laser, the service is considered investigational and not medically necessary	Anthem — SHBP UM	SURG.00157	
31200	Ethmoidectomy; intranasal, anterior	Anthem — SHBP UM	SURG.00096	
31201	Ethmoidectomy; intranasal, total	Anthem — SHBP UM	SURG.00096	
31205	Ethmoidectomy; extranasal, total	Anthem — SHBP UM	SURG.00096	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement [when specified as debridement following sinus surgery]	Anthem — SHBP UM	CG-SURG-24, CG-SURG-87	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Anthem — SHBP UM	CG-SURG-24	
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	Anthem — SHBP UM	CG-SURG-24	
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	Anthem — SHBP UM	CG-SURG-24, SURG.00096	
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	Anthem — SHBP UM	CG-SURG-24	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Anthem — SHBP UM	CG-SURG-24	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Anthem — SHBP UM	CG-SURG-24	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Anthem — SHBP UM	CG-SURG-24	
31276	Nasal/sinus endoscopy, surgical with frontal sinusexploration, with or without removal of tissue from	Anthem — SHBP UM	CG-SURG-24	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	Anthem — SHBP UM	CG-SURG-24	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	Anthem — SHBP UM	CG-SURG-24	
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Anthem — SHBP UM	CG-SURG-73	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Anthem — SHBP UM	CG-SURG-73	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Anthem — SHBP UM	CG-SURG-73	
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	Anthem — SHBP UM	CG-SURG-73	
31299	Unlisted procedure, accessory sinuses	Anthem — SHBP UM	SURG.00089	
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral [when specified as using a skin/tissue substitute such as Cymetra]	Anthem — SHBP UM	SURG.00011	
31599	Unlisted procedure, larynx [when specified as thyroid cartilage chondroplasty, tracheal shave, or voice modification surgery such as anterior glottal web formation, cricothyroid approximation, vocal cord shortening]	Anthem — SHBP UM	MCG GRG	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Anthem — SHBP UM	SURG.00118	
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Anthem — SHBP UM	SURG.00118	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Anthem — Transplant	TRANS.00009	
32851	Lung transplant, single; without cardiopulmonary bypass	Anthem — Transplant	TRANS.00009	
32852	Lung transplant, single; with cardiopulmonary bypass	Anthem — Transplant	TRANS.00009	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Anthem — Transplant	TRANS.00009	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Anthem — Transplant	TRANS.00009	
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	Anthem — Transplant	TRANS.00009	
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	Anthem — Transplant	TRANS.00009	
32944	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	Anthem — SHBP UM	CG-SURG-61	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Anthem — SHBP UM	CG-SURG-63	
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Anthem — SHBP UM	CG-SURG-63	
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	Anthem — SHBP UM	CG-SURG-63	
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	Anthem — SHBP UM	CG-SURG-63	
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Anthem — SHBP UM	CG-SURG-63	
33216	insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Anthem — SHBP UM	CG-SURG-97	
33217	Insertion of a transvenous electrode; dual chamber (2 electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter- defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Anthem — SHBP UM	CG-SURG-63	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter- defibrillator or pacemaker pulse generator (including upgrade to dual chamber system)	Anthem — SHBP UM	CG-SURG-63	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	Anthem — SHBP UM	CG-SURG-63	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Anthem — SHBP UM	CG-SURG-97	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Anthem — SHBP UM	CG-SURG-97	
33240	Insertion of single or dual chamber pacing cardioverter- defibrillator pulse generator	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter- defibrillator and insertion of pulse generator	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
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	Anthem — SHBP UM	CG-SURG-97	
33271	Insertion of subcutaneous implantable defibrillator electrode	Anthem — SHBP UM	CG-SURG-97	
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	Anthem — SHBP UM	SURG.00150	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Anthem — SHBP UM	SURG.00150	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Anthem — SHBP UM	CG-MED-74	
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	Anthem — SHBP UM	MED.00115	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Anthem — SHBP UM	SURG.00121	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Anthem — SHBP UM	SURG.00121	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Anthem — SHBP UM	SURG.00121	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery	Anthem — SHBP UM	SURG.00121	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Anthem — SHBP UM	SURG.00121	
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Anthem — SHBP UM	SURG.00121	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral	Anthem — SHBP UM	SURG.00121	
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary	Anthem — SHBP UM	SURG.00121	
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary	Anthem — SHBP UM	SURG.00121	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Anthem — SHBP UM	SURG.00121	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session	Anthem — SHBP UM	SURG.00121	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Anthem — SHBP UM	SURG.00121	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Anthem — SHBP UM	SURG.00145	
33928	Removal and replacement of total replacement heart system (artificial heart)	Anthem — SHBP UM	SURG.00145	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation	Anthem — SHBP UM	SURG.00145	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Anthem — Transplant	TRANS.00026	
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	Anthem — Transplant	TRANS.00026	
33935	Heart-lung transplant with recipient cardiectomy- pneumonectomy	Anthem — Transplant	TRANS.00026	
33940	Donor cardiectomy (including cold preservation)	Anthem — Transplant	TRANS.00033	
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	Anthem — Transplant	TRANS.00033	
33945	Heart transplant, with or without recipient cardiectomy	Anthem — Transplant	TRANS.00033	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Anthem — SHBP UM	SURG.00145	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Anthem — SHBP UM	SURG.00145	
33979	Insertion of ventricular assist device; implantable intracorporeal, single ventricle	Anthem — SHBP UM	SURG.00145	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Anthem — SHBP UM	SURG.00145	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Anthem — SHBP UM	SURG.00145	
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Anthem — SHBP UM	SURG.00145	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Anthem — SHBP UM	SURG.00145	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Anthem — SHBP UM	SURG.00145	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Anthem — SHBP UM	SURG.00145	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Anthem — SHBP UM	SURG.00145	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
33999	Unlisted procedure, cardiac surgery [when specified as transcatheter replacement of tricuspid heart valve]	Anthem — SHBP UM	SURG.00121, SURG.00123, SURG.00005	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Anthem — SHBP UM	CG-SURG-79	
36261	Revision of implanted intra-arterial infusion pump [when specified as replacement]	Anthem — SHBP UM	CG-SURG-79	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of	Anthem — SHBP UM	SURG.00037	
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	Anthem — SHBP UM	SURG.00037	
36468	Injection(s) of sclerosant for spider veins (telangiectasia); limb or trunk	Anthem — SHBP UM	ANC.00007, SURG.00037	
36470	Injection of sclerosing solution; single incompetent vein (other than telangiectasia)	Anthem — SHBP UM	SURG.00037	
36471	Injection of sclerosing solution; multiple incompetent veins, same leg (other than telangiectasia)	Anthem — SHBP UM	SURG.00037	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Anthem — SHBP UM	SURG.00037	
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	Anthem — SHBP UM	SURG.00037	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Anthem — SHBP UM	SURG.00037	
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	Anthem — SHBP UM	SURG.00037	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Anthem — SHBP UM	SURG.00037	
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	Anthem — SHBP UM	SURG.00037	
36482	extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of	Anthem — SHBP UM	SURG.00037	
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; first vein treated	Anthem — SHBP UM	SURG.00037	
36511	Therapeutic apheresis; for white blood cells	Anthem — SHBP UM	CG-MED-68	
36512	Therapeutic apheresis; for red blood cells [red blood cell exchange]	Anthem — SHBP UM	CG-MED-68	
36513	Therapeutic apheresis; for platelets	Anthem — SHBP UM	CG-MED-68	
36514	Therapeutic apheresis; for plasma pheresis	Anthem — SHBP UM	CG-MED-68	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Anthem — SHBP UM	CG-MED-68	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Anthem — SHBP UM	CG-SURG-79	
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	Anthem — SHBP UM	CG-SURG-79	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	Anthem — SHBP UM	CG-SURG-76	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	Anthem — SHBP UM	CG-SURG-76	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Anthem — SHBP UM	CG-SURG-49	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Anthem — SHBP UM	CG-SURG-49	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-49	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Anthem — SHBP UM	CG-SURG-49	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Anthem — SHBP UM	CG-SURG-49	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-49	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Anthem — SHBP UM	CG-SURG-49	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-49	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty	Anthem — SHBP UM	CG-SURG-49	
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)	Anthem — SHBP UM	CG-SURG-49	
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)	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-49	
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	Anthem — SHBP UM	CG-SURG-106	
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	Anthem — SHBP UM	CG-SURG-106	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) [when specified as coil embolization for varicose vein diagnoses]	Anthem — SHBP UM	SURG.00037, SURG.00062	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) [when specified as bariatric arterial embolization]	Anthem — SHBP UM	CG-SURG-83	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Anthem — SHBP UM	CG-SURG-78, RAD.00059, SURG.00028	
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery [when specified as angioplasty of cervical carotid artery]	Anthem — SHBP UM	CG-SURG-76	
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	Anthem — SHBP UM	CG-SURG-106	
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	Anthem — SHBP UM	CG-SURG-106	
37799	Unlisted procedure, vascular surgery [when specified as echosclerotherapy or ultrasound-guided sclerotherapy of other than truncal veins]	Anthem — SHBP UM	SURG.00037	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00035	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00035	
38230	Bone marrow harvesting for transplantation; allogeneic	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00035	
38232	Bone marrow harvesting for transplantation; autologous	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00035	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031	
38243	Hematopoietic progenitor cell (HPC); HPC boost	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031	
38999	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	Anthem — SHBP UM	MED.00147	
38999	Unlisted procedure, hemic or lymphatic system [when specified as bone marrow cell therapy or stem cell therapy such as IM, IV or IA for peripheral vascular disease]	Anthem — Transplant	TRANS.00035	
41512	Tongue base suspension, permanent suture technique	Anthem — SHBP UM	SURG.00129	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Anthem — SHBP UM	SURG.00129	
41899	Other Procedures on the Dentoalveolar Structures	Anthem — SHBP UM	CG-MED-41	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Anthem — SHBP UM	SURG.00129	
42299	Unlisted procedure, palate, uvula [when specified as any of the following: •Cautery-assisted palatal stiffening (CAPSO); •Coblation; •Palatal implants; •Injection snoreplasty; •The Pillar™ system]	Anthem — SHBP UM	SURG.00129	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance [when specified as injection of bulking agent]	Anthem — SHBP UM	SURG.00047	
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance [when specified as injection of bulking agent]	Anthem — SHBP UM	SURG.00047	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Anthem — SHBP UM	SURG.00047	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) [when specified as radiofrequency ablation or cryoablation]	Anthem — SHBP UM	CG-SURG-101	
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance [when specified as injection of bulking agent]	Anthem — SHBP UM	SURG.00047	
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	Anthem — SHBP UM	SURG.00047	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed	Anthem — SHBP UM	CG-SURG-101	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Anthem — SHBP UM	SURG.00131	
43285	Removal of esophageal sphincter augmentation device	Anthem — SHBP UM	SURG.00131	
43497	Peroral endoscopic myotomy	Anthem — SHBP UM	SURG.00047	
43499	Unlisted procedure, esophagus [when specified as (endoscopic gastroplasty, endoluminal plication or transesophageal injection therapy for treatment of GERD) OR (when specified as transendoscopic {per oral} esophageal myotomy POEM) or (esophageal tumor)]	Anthem — SHBP UM	SURG.00047	
43632	Gastrectomy, partial distal; with gastrojejunostomy (Billroth II) [when specified as bariatric	Anthem — SHBP UM	CG-SURG-83	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction [when specified as bariatric surgery]	Anthem — SHBP UM	CG-SURG-83	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Anthem — SHBP UM	CG-SURG-83	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Anthem — SHBP UM	CG-SURG-83	
43659	Unlisted laparoscopy procedure, stomach [when specified as gastric plication (laparoscopic greater curvature plication [LGCP]) with or without gastric banding, sleeve gastropasty, or mini-gastric bypass procedure]	Anthem — SHBP UM	CG-SURG-83	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Anthem — SHBP UM	CG-SURG-83	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Anthem — SHBP UM	CG-SURG-83	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Anthem — SHBP UM	CG-SURG-83	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Anthem — SHBP UM	CG-SURG-83	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Anthem — SHBP UM	CG-SURG-83	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve	Anthem — SHBP UM	CG-SURG-83	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded	Anthem — SHBP UM	CG-SURG-83	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastropasty	Anthem — SHBP UM	CG-SURG-83	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus- preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Anthem — SHBP UM	CG-SURG-83	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Anthem — SHBP UM	CG-SURG-83	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Anthem — SHBP UM	CG-SURG-83	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Anthem — SHBP UM	CG-SURG-83	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Anthem — SHBP UM	CG-SURG-83	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Anthem — SHBP UM	CG-SURG-83	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component	Anthem — SHBP UM	CG-SURG-83	
43999	Unlisted procedure, stomach [when specified as bariatric arterial embolization, endoluminal gastric restrictive surgery, placement of intragastric balloon device, or aspiration therapy]	Anthem — SHBP UM	CG-SURG-83	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Anthem — Transplant	TRANS.00013	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Anthem — Transplant	TRANS.00013	
44135	Intestinal allotransplantation; from cadaver donor	Anthem — Transplant	TRANS.00013	
44136	Intestinal allotransplantation; from living donor	Anthem — Transplant	TRANS.00013	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and	Anthem — Transplant	TRANS.00013	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	Anthem — Transplant	TRANS.00013	
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	Anthem — Transplant	TRANS.00013	
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Anthem — SHBP UM	SURG.00011	
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Anthem — SHBP UM	SURG.00141	
47120	Dilation of vertebral artery [right or left, by percutaneous or percutaneous endoscopic approach; includes codes 037P3ZZ , 037P4ZZ, 037Q3ZZ, 037Q4ZZ]	Anthem — SHBP UM	CG-SURG-78	
47122	Hepatectomy, resection of liver; trisegmentectomy	Anthem — SHBP UM	CG-SURG-78	
47125	Hepatectomy, resection of liver; total left lobectomy	Anthem — SHBP UM	CG-SURG-78	
47130	Hepatectomy, resection of liver; total right lobectomy	Anthem — SHBP UM	CG-SURG-78	
47133	Donor hepatectomy, (including cold preservation), from cadaver donor	Anthem — Transplant	TRANS.00008	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Anthem — Transplant	TRANS.00008	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Anthem — Transplant	TRANS.00008	
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III, IV)	Anthem — Transplant	TRANS.00008	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Anthem — Transplant	TRANS.00008	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	Anthem — Transplant	TRANS.00008, TRANS.00013	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	Anthem — Transplant	TRANS.00008, TRANS.00013	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	Anthem — Transplant	TRANS.00008, TRANS.00013	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Anthem — Transplant	TRANS.00008, TRANS.00013	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Anthem — Transplant	TRANS.00008, TRANS.00013	
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Anthem — SHBP UM	CG-SURG-78	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	Anthem — SHBP UM	CG-SURG-78	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Anthem — SHBP UM	CG-SURG-78	
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Anthem — SHBP UM	CG-SURG-78	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Anthem — SHBP UM	CG-SURG-78	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Anthem — SHBP UM	CG-SURG-78	
47399	Unlisted procedure, liver	Anthem — SHBP UM	CG-SURG-78	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Anthem — Transplant	TRANS.00010	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Anthem — Transplant	TRANS.00011	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	Anthem — Transplant	TRANS.00011, TRANS.00013	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Anthem — Transplant	TRANS.00011, TRANS.00013	
48554	Transplantation of pancreatic allograft	Anthem — Transplant	TRANS.00011	
48556	Removal of transplanted pancreatic allograft	Anthem — Transplant	TRANS.00011	
48999	Unlisted procedure, pancreas [when specified as cryosurgical or radiofrequency ablation of pancreas tumor(s)]	Anthem — SHBP UM	CG-SURG-61, TRANS.00010	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	Anthem — SHBP UM	CG-SURG-61	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Anthem — Transplant	TRANS.00011	
50320	Donor nephrectomy (including cold preservation); open, from living donor	Anthem — Transplant	TRANS.00011	
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem — Transplant	TRANS.00011	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem — Transplant	TRANS.00011	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Anthem — Transplant	TRANS.00011	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Anthem — Transplant	TRANS.00011	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Anthem — Transplant	TRANS.00011	
50340	Recipient nephrectomy (separate procedure)	Anthem — Transplant	TRANS.00011	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Anthem — Transplant	TRANS.00011	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Anthem — Transplant	TRANS.00011	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	Anthem — SHBP UM	CG-SURG-61	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Anthem — Transplant	TRANS.00011	
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Anthem — SHBP UM	CG-SURG-61	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Anthem — SHBP UM	SURG.00010	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single	Anthem — SHBP UM	SURG.00028	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	Anthem — SHBP UM	SURG.00028	
52450	Transurethral incision of prostate (TUIP)	Anthem — SHBP UM	SURG.00028	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Anthem — SHBP UM	SURG.00028	
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Anthem — SHBP UM	SURG.00028	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) [HoLRP]	Anthem — SHBP UM	SURG.00028	
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Anthem — SHBP UM	MCG GRG	
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Anthem — SHBP UM	MCG GRG	
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second	Anthem — SHBP UM	MCG GRG	
53430	Urethroplasty, reconstruction of female urethra	Anthem — SHBP UM	MCG GRG	
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Anthem — SHBP UM	SURG.00010	
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Anthem — SHBP UM	SURG.00010	
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	Anthem — SHBP UM	SURG.00010	
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	Anthem — SHBP UM	SURG.00010	
53449	Repair of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff	Anthem — SHBP UM	SURG.00010	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Anthem — SHBP UM	SURG.00010	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Anthem — SHBP UM	SURG.00010	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Anthem — SHBP UM	SURG.00010	
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Anthem — SHBP UM	SURG.00010	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Anthem — SHBP UM	SURG.00028	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Anthem — SHBP UM	SURG.00028	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor	Anthem — SHBP UM	SURG.00028	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Anthem — SHBP UM	SURG.00028	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Anthem — SHBP UM	SURG.00010	
53899	Unlisted procedure, urinary system [when specified as transurethral destruction of prostate tissue: by water- induced thermotherapy (WIT)] or [when specified as transurethral balloon dilation of the prostatic urethra]	Anthem — SHBP UM	SURG.00028	
54125	Amputation of penis; complete	Anthem — SHBP UM	MCG GRG	
54360	Plastic operation on penis to correct angulation	Anthem — SHBP UM	ANC.00009	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Anthem — SHBP UM	CG-SURG-12; MCG GRG	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Anthem — SHBP UM	CG-SURG-12; MCG GRG	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Anthem — SHBP UM	CG-SURG-12; MCG GRG	
54410	Removal and replacement of all component(s) of a multi- component, inflatable penile prosthesis at the same operative session	Anthem — SHBP UM	CG-SURG-12	
54411	Removal and replacement of all components of a multi- component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Anthem — SHBP UM	CG-SURG-12	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Anthem — SHBP UM	CG-SURG-12	
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	Anthem — SHBP UM	CG-SURG-12	
54440	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Anthem — SHBP UM	ANC.00009	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Anthem — SHBP UM	MCG GRG	
54660	Insertion of testicular prosthesis	Anthem — SHBP UM	MCG GRG	
54690	Laparoscopy, surgical; orchiectomy	Anthem — SHBP UM	MCG GRG	
55180	Scrotoplasty; complicated	Anthem — SHBP UM	MCG GRG	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Anthem — SHBP UM	SURG.00107	
55874	Perirectal Spacers for Use During Prostate Radiotherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management Rad Onc	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)	Anthem — SHBP UM	CG-SURG-61, SURG.00028	
55899	Unlisted procedure, male genital system [when specified as ESWT (for example for ED or Peyronie's disease)] or [when specified as image-guided focused ultrasound ablation of prostate tissue for non-oncologic indications, such as benign prostatic hyperplasia] or [penile tumor]	Anthem — SHBP UM	ANC.00009 , MED.00057, SURG.00028, MCG GRG	
56625	Vulvectomy, simple; complete	Anthem — SHBP UM	MCG GRG	
56800	Plastic repair of introitus	Anthem — SHBP UM	ANC.00009, MCG GRG	
56805	Clitoroplasty for intersex state	Anthem — SHBP UM	ANC.00009	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Anthem — SHBP UM	ANC.00009	
57110	Vaginectomy, complete removal of vaginal wall;	Anthem — SHBP UM	MCG GRG	
57291	Construction of artificial vagina; without graft	Anthem — SHBP UM	ANC.00009; MCG GRG	
57292	Construction of artificial vagina; with graft	Anthem — SHBP UM	ANC.00009; MCG GRG	
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Anthem — SHBP UM	MCG GRG	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Anthem — SHBP UM	MCG GRG	
57335	Vaginoplasty for intersex state	Anthem — SHBP UM	ANC.00009	
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Anthem — SHBP UM	MCG GRG	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of	Anthem — SHBP UM	MCG GRG	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem — SHBP UM	MCG GRG	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem — SHBP UM	MCG GRG	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Anthem — SHBP UM	MCG GRG	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem — SHBP UM	MCG GRG	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Anthem — SHBP UM	MCG GRG	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem — SHBP UM	MCG GRG	
58999	Unlisted procedure, female genital system (nonobstetrical) [when specified as any vaginal rejuvenation or tightening procedure for atrophy, including laser procedures such as MonaLisa Touch]	Anthem — SHBP UM	ANC.00009	
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	Anthem — SHBP UM	CG-SURG-79	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Anthem — SHBP UM	CG-SURG-106, CG-SURG-76	
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Anthem — SHBP UM	CG-SURG-106, CG-SURG-76	
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Anthem — SHBP UM	CG-SURG-76	
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	Anthem — SHBP UM	CG-SURG-76	
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	Anthem — SHBP UM	CG-SURG-76	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
61800	Application of stereotactic headframe for stereotactic radiosurgery	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Anthem — SHBP UM	SURG.00026	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Anthem — SHBP UM	SURG.00026	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode	Anthem — SHBP UM	SURG.00026	
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array	Anthem — SHBP UM	SURG.00026	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode	Anthem — SHBP UM	SURG.00026	
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array	Anthem — SHBP UM	SURG.00026	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Anthem — SHBP UM	SURG.00007, SURG.00026	
61886	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Anthem — SHBP UM	SURG.00026	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	Anthem — SHBP UM	SURG.00071	
62291	Injection procedure for discography, each level; cervical or thoracic	Anthem — SHBP UM	RAD.00053	
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	Anthem — SHBP UM	CG-SURG-79	
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	Anthem — SHBP UM	CG-SURG-79	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Anthem — SHBP UM	CG-SURG-79	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Anthem — SHBP UM	CG-SURG-79	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Anthem — SHBP UM	CG-SURG-79	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	Anthem — SHBP UM	SURG.00071	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral	Carelon Medical Benefits Management	MSK	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	Carelon Medical Benefits Management	MSK	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic	Carelon Medical Benefits Management	MSK	
63046	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; thoracic	Carelon Medical Benefits Management	MSK	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Carelon Medical Benefits Management	MSK	
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	Carelon Medical Benefits Management	MSK	
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	Carelon Medical Benefits Management	MSK	
63185	Laminectomy with rhizotomy; 1 or 2 segments	Carelon Medical Benefits Management	MSK	
63190	Laminectomy with rhizotomy; more than 2 segments	Carelon Medical Benefits Management	MSK	
63191	Laminectomy with section of spinal accessory nerve	Carelon Medical Benefits Management	MSK	
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	Carelon Medical Benefits Management	MSK	
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	Carelon Medical Benefits Management	MSK	
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	Carelon Medical Benefits Management	MSK	
63200	Laminectomy, with release of tethered spinal cord, lumbar	Carelon Medical Benefits Management	MSK	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Carelon Medical Benefits Management	MSK	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Carelon Medical Benefits Management	MSK	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Carelon Medical Benefits Management	MSK	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Carelon Medical Benefits Management	MSK	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Carelon Medical Benefits Management	MSK	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Carelon Medical Benefits Management	MSK	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Carelon Medical Benefits Management	MSK	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Carelon Medical Benefits Management	MSK	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Carelon Medical Benefits Management	MSK	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Carelon Medical Benefits Management	MSK	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Carelon Medical Benefits Management	MSK	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Carelon Medical Benefits Management	MSK	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Carelon Medical Benefits Management	MSK	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Anthem — SHBP UM	SURG.00007	
64555	Percutaneous implantation of Neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Anthem — SHBP UM	SURG.00158	
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal	Anthem — SHBP UM	CG-SURG-95	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Anthem — SHBP UM	CG-SURG-95	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Anthem — SHBP UM	SURG.00007	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Anthem — SHBP UM	CG-MED-79, CG-SURG-95, SURG.00158	
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	Anthem — SHBP UM	CG-SURG-95	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array.	Anthem — SHBP UM	SURG.00129	
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	Anthem — SHBP UM	SURG.00129	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Anthem — SHBP UM	CG-MED-79, CG-SURG-95, SURG.00158	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Carelon Medical Benefits Management	MSK	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Anthem — SHBP UM	Carelon Medical Benefits Management	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral	Anthem — SHBP UM	SURG.00052	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Carelon Medical Benefits Management	MSK	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Anthem — SHBP UM	ANC.00008, SURG.00096	
64722	Decompression; unspecified nerve(s) [for example, occipital nerve]	Anthem — SHBP UM	SURG.00096	
64732	Transection or avulsion of; supraorbital nerve	Anthem — SHBP UM	ANC.00008, SURG.00096	
64733	Transection or avulsion (nerves of face)	Anthem — SHBP UM	ANC.00008	
64734	Transection or avulsion of; infraorbital nerve	Anthem — SHBP UM	ANC.00008, SURG.00096	
64735	Transection or avulsion (nerves of face)	Anthem — SHBP UM	ANC.00008	
64736	Transection or avulsion of; mental nerve	Anthem — SHBP UM	ANC.00008	
64737	Transection or avulsion (nerves of face)	Anthem — SHBP UM	ANC.00008	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Anthem — SHBP UM	ANC.00008	
64739	Transection or avulsion (nerves of face)	Anthem — SHBP UM	ANC.00008	
64740	Transection or avulsion of; lingual nerve	Anthem — SHBP UM	ANC.00008	
64741	Transection or avulsion (nerves of face)	Anthem — SHBP UM	ANC.00008	
64742	Transection or avulsion of; facial nerve, differential or complete	Anthem — SHBP UM	ANC.00008	
64744	Transection or avulsion of; greater occipital nerve	Anthem — SHBP UM	SURG.00096	
64771	Transection or avulsion of other cranial nerve, extradural	Anthem — SHBP UM	SURG.00096	
64787	Implantation of nerve end into bone or muscle	Anthem — SHBP UM	SURG.00096	
64864	Suture of facial nerve; extracranial	Anthem — SHBP UM	ANC.00008	
64865	Suture of facial nerve; infratemporal, with or without grafting	Anthem — SHBP UM	ANC.00008	
64866	Anastomosis; facial-spinal accessory	Anthem — SHBP UM	ANC.00008	
64867	Anastomosis (facial nerves)	Anthem — SHBP UM	ANC.00008	
64868	Anastomosis; facial-hypoglossal	Anthem — SHBP UM	ANC.00008	
65778	Placement of amniotic membrane on the ocular surface; without sutures	Anthem — SHBP UM	SURG.00011	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Anthem — SHBP UM	SURG.00011	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Anthem — SHBP UM	SURG.00011	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach [when specified as Ex-PRESS Glaucoma Filtration Device]	Anthem — SHBP UM	SURG.00103	
66989	Complex cataract extraction in combination with the insertion of an aqueous drainage device	Anthem — SHBP UM	SURG.00103	
66997	Revision of filtering bleb, needling technique; with injection of antimetabolite	Anthem — SHBP UM	SURG.00103	
66999	Unlisted procedure, anterior segment of eye [when specified as transepithelial collagen cross-linking of the cornea with intraoperative pachymetry]	Anthem — SHBP UM	CG-SURG-105	
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous [when specified as implantation of Susvimo]	Anthem — SHBP UM	SURG.00160	
67028	Intravitreal injection of a pharmacologic agent (separate procedure) [when specified as refill injection of Susvimo]	Anthem — SHBP UM	SURG.00160	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Anthem — SHBP UM	CG-SURG-03, SURG.00096	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked	Anthem — SHBP UM	CG-SURG-03	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Anthem — SHBP UM	CG-SURG-03	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Anthem — SHBP UM	CG-SURG-03	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Anthem — SHBP UM	CG-SURG-03	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Anthem — SHBP UM	CG-SURG-03	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle- levator resection (eg, Fasanella-Servat type)	Anthem — SHBP UM	CG-SURG-03	
69090	Ear piercing	Anthem — SHBP UM	ANC.00008	
69300	Otoplasty, protruding ear, with or without size reduction	Anthem — SHBP UM	ANC.00008	
69399	Unlisted procedure, external ear [when specified as other otoplasty]	Anthem — SHBP UM	ANC.00008	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal	Anthem — SHBP UM	CG-SURG-82	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Anthem — SHBP UM	CG-SURG-82	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without	Anthem — SHBP UM	CG-SURG-82	
69930	Cochlear device implantation, with or without mastoidectomy	Anthem — SHBP UM	CG-SURG-81	
69949	Unlisted procedure, inner ear [when specified as implantation of hybrid cochlear device]	Anthem — SHBP UM	CG-SURG-81	
69955	Total facial nerve decompression and/or repair (may include graft)	Anthem — SHBP UM	ANC.00008	
70336	MRI, temporomandibular joints	Carelon Medical Benefits Management	RBM	
70460	CT head/brain, with contrast	Carelon Medical Benefits Management	RBM	
70470	CT head/brain, with contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
70480	CT orbit, sella, or posterior fossa and outer, middle or inner ear, without contrast	Carelon Medical Benefits Management	RBM	
70481	CT orbit, sella, or posterior fossa and outer, middle or inner ear, with contrast	Carelon Medical Benefits Management	RBM	
70482	CT orbit, sella, or posterior fossa and outer, middle or inner ear, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
70486	CT maxillofacial area, without contrast	Carelon Medical Benefits Management	RBM	
70487	CT maxillofacial area, with contrast	Carelon Medical Benefits Management	RBM	
70488	CT maxillofacial area, without contrast, followed by re- imaging with contrast	Carelon Medical Benefits Management	RBM	
70490	CT soft tissue neck, without contrast	Carelon Medical Benefits Management	RBM	
70491	CT soft tissue neck, with contrast	Carelon Medical Benefits Management	RBM	
70492	CT soft tissue neck, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
70496	CT angiography head, with contrast, including noncontrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
70498	CT angiography neck, with contrast, including noncontrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
70540	MRI orbit, face and neck, without contrast	Carelon Medical Benefits Management	RBM	
70542	MRI orbit, face and neck, with contrast	Carelon Medical Benefits Management	RBM	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
70543	MRI orbit, face and neck, without contrast, followed by re- imaging with contrast	Carelon Medical Benefits Management	RBM	
70544	MR angiography head, without contrast	Carelon Medical Benefits Management	RBM	
70546	MR angiography head, without contrast, followed by re- imaging with contrast	Carelon Medical Benefits Management	RBM	
70547	MR angiography neck, without contrast	Carelon Medical Benefits Management	RBM	
70548	MR angiography neck, with contrast	Carelon Medical Benefits Management	RBM	
70549	MR angiography neck, without contrast, followed by re- imaging with contrast	Carelon Medical Benefits Management	RBM	
70551	MRI brain (including brain stem), without contrast	Carelon Medical Benefits Management	RBM	
70552	MRI brain (including brain stem), with contrast	Carelon Medical Benefits Management	RBM	
70553	MRI brain (including brain stem), without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
70554	MRI brain functional, not requiring physician or psychologist administration	Carelon Medical Benefits Management	RBM	
70555	MRI brain functional, requiring physician or psychologist administration of entire neurofunctional testing	Carelon Medical Benefits Management	RBM	
71250	CT thorax, without contrast	Carelon Medical Benefits Management	RBM	
71260	CT thorax, with contrast	Carelon Medical Benefits Management	RBM	
71270	CT thorax, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
71275	CT angiography chest (non-coronary), with contrast, including non-contrast images, if performed, and image post- processing	Carelon Medical Benefits Management	RBM	
71550	MRI chest, without contrast	Carelon Medical Benefits Management	RBM	
71551	MRI chest, with contrast	Carelon Medical Benefits Management	RBM	
71552	MRI chest, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
71555	MR angiography chest (excluding the myocardium), without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72125	CT cervical spine, without contrast	Carelon Medical Benefits Management	RBM	
72126	CT cervical spine, with contrast	Carelon Medical Benefits Management	RBM	
72127	CT cervical spine, without contrast, followed by reimaging with contrast	Carelon Medical Benefits Management	RBM	
72128	CT thoracic spine, without contrast	Carelon Medical Benefits Management	RBM	
72129	CT thoracic spine, with contrast	Carelon Medical Benefits Management	RBM	
72130	CT thoracic spine, without contrast, followed by reimaging with contrast	Carelon Medical Benefits Management	RBM	
72131	CT lumbar spine, without contrast	Carelon Medical Benefits Management	RBM	
72132	CT lumbar spine, with contrast	Carelon Medical Benefits Management	RBM	
72133	CT lumbar spine, without contrast, followed by reimaging with contrast	Carelon Medical Benefits Management	RBM	
72141	MRI cervical spine, without contrast	Carelon Medical Benefits Management	RBM	
72142	MRI cervical spine, with contrast	Carelon Medical Benefits Management	RBM	
72146	MRI thoracic spine, without contrast	Carelon Medical Benefits Management	RBM	
72147	MRI thoracic spine, with contrast	Carelon Medical Benefits Management	RBM	
72148	MRI lumbar spine, without contrast	Carelon Medical Benefits Management	RBM	
72149	MRI lumbar spine, with contrast	Carelon Medical Benefits Management	RBM	
72156	MRI cervical spine, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72157	MRI thoracic spine, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72158	MRI lumbar spine, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72159	MR angiography spinal canal and contents, with or without contrast	Carelon Medical Benefits Management	RBM	
72191	CT angiography pelvis, with contrast, including non-contrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
72192	CT pelvis, without contrast	Carelon Medical Benefits Management	RBM	
72193	CT pelvis, with contrast	Carelon Medical Benefits Management	RBM	
72194	CT pelvis, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72195	MRI pelvis, without contrast	Carelon Medical Benefits Management	RBM	
72196	MRI pelvis, with contrast	Carelon Medical Benefits Management	RBM	
72197	MRI pelvis, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
72198	MR angiography pelvis, without contrast, followed by re- imaging with contrast	Carelon Medical Benefits Management	RBM	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Anthem — SHBP UM	RAD.00053	
73200	CT upper extremity, without contrast	Carelon Medical Benefits Management	RBM	
73201	CT upper extremity, with contrast	Carelon Medical Benefits Management	RBM	
73202	CT upper extremity, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
73206	CT angiography upper extremity, with contrast, including non contrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
73218	MRI upper extremity non-joint, without contrast	Carelon Medical Benefits Management	RBM	
73219	MRI upper extremity non-joint, with contrast	Carelon Medical Benefits Management	RBM	
73220	MRI upper extremity non-joint, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
73221	MRI upper extremity any joint, without contrast	Carelon Medical Benefits Management	RBM	
73222	MRI upper extremity any joint, with contrast	Carelon Medical Benefits Management	RBM	
73223	MRI upper extremity any joint, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
73225	MR angiography upper extremity, without and with contrast	Carelon Medical Benefits Management	RBM	
73700	CT lower extremity, without contrast	Carelon Medical Benefits Management	RBM	
73701	CT lower extremity, with contrast	Carelon Medical Benefits Management	RBM	
73702	CT lower extremity, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
73706	CT angiography lower extremity, with contrast, including noncontrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
73718	MRI lower extremity non-joint, without contrast	Carelon Medical Benefits Management	RBM	
73719	MRI lower extremity non-joint, with contrast	Carelon Medical Benefits Management	RBM	
73720	MRI lower extremity non-joint, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
73721	MRI lower extremity any joint, without contrast	Carelon Medical Benefits Management	RBM	
73722	MRI lower extremity any joint, with contrast	Carelon Medical Benefits Management	RBM	
73723	MRI lower extremity any joint, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
73725	MR angiography lower extremity, without and with contrast	Carelon Medical Benefits Management	RBM	
74150	CT abdomen, without contrast	Carelon Medical Benefits Management	RBM	
74160	CT abdomen, with contrast	Carelon Medical Benefits Management	RBM	
74170	CT abdomen and pelvis, without contrast in one or both body regions, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
74174	CT angiography abdomen and pelvis, with contrast, including noncontrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
74175	CT angiography abdomen, with contrast, including non- contrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
74176	CT abdomen and pelvis, without contrast	Carelon Medical Benefits Management	RBM	
74177	CT abdomen and pelvis, with contrast	Carelon Medical Benefits Management	RBM	
74178	CT abdomen and pelvis, without contrast in one or both body regions, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
74181	MRI abdomen, without contrast	Carelon Medical Benefits Management	RBM	
74182	MRI abdomen, with contrast	Carelon Medical Benefits Management	RBM	
74183	MRI abdomen, without contrast, followed by re-imaging with contrast	Carelon Medical Benefits Management	RBM	
74185	MR angiography abdomen, without or with contrast	Carelon Medical Benefits Management	RBM	
74261	CT colonography diagnostic, including image post-processing, without contrast	Carelon Medical Benefits Management	RBM	
74262	CT colonography diagnostic, including image post-processing, with contrast	Carelon Medical Benefits Management	RBM	
74263	CT colonography screening, including image post-processing	Carelon Medical Benefits Management	RBM	
74712	MRI fetal, including placental and maternal pelvic imaging when performed; single of first gestation	Carelon Medical Benefits Management	RBM	
74713	MRI fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	RBM	
75557	Cardiac MRI for morphology and function, without contrast material	Carelon Medical Benefits Management	RBM	
75559	Cardiac MRI for morphology and function, without contrast material; with stress imaging	Carelon Medical Benefits Management	RBM	
75561	Cardiac MRI for morphology and function, without contrast material, followed by contrast material	Carelon Medical Benefits Management	RBM	
75563	Cardiac MRI for morphology and function, without contrast material, followed by contrast material; with stress imaging	Carelon Medical Benefits Management	RBM	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	RBM	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium	Carelon Medical Benefits Management	RBM	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3- D image post-processing, assessment of cardiac function, and evaluation of venous structures if performed)	Carelon Medical Benefits Management	RBM	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3-D post-processing, assessment of left ventricular cardiac function, right ventricular structure and function and evaluation of venous structures, if performed)	Carelon Medical Benefits Management	RBM	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (where present), with contrast material, including 3-D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Carelon Medical Benefits Management	RBM	
75635	CT angiography abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast, including non-contrast images, if performed, and image post-processing	Carelon Medical Benefits Management	RBM	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	Carelon Medical Benefits Management	RBM	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	Carelon Medical Benefits Management	RBM	
76390	MRI spectroscopy	Carelon Medical Benefits Management	RBM	
76391	Magnetic resonance (e.g., vibration) elastography	Carelon Medical Benefits Management	RBM	
77046	MRI breast without contrast; unilateral	Carelon Medical Benefits Management	RBM	
77047	MRI breast without contrast; bilateral	Carelon Medical Benefits Management	RBM	
77048	MRI breast without and with contrast with CAD; unilateral	Carelon Medical Benefits Management	RBM	
77049	MRI breast without and with contrast with CAD; bilateral	Carelon Medical Benefits Management	RBM	
77078	CT, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Carelon Medical Benefits Management	RBM	
77084	MRI, bone marrow blood supply	Carelon Medical Benefits Management	RBM	
77301	Intensity modulated radiotherapy plan, including dose- volume histograms for target and critical structure partial tolerance specifications (Listed once only)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan (when specified as devices for SRS or SBRT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77520	Proton treatment delivery; simple, without compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77522	Proton treatment delivery; simple, with compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77523	Proton treatment delivery; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
77525	Proton treatment delivery; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	RBM	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission	Carelon Medical Benefits Management	RBM	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission	Carelon Medical Benefits Management	RBM	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	Carelon Medical Benefits Management	RBM	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	RBM	
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	Carelon Medical Benefits Management	RBM	
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);	Carelon Medical Benefits Management	RBM	
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	Carelon Medical Benefits Management	RBM	
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	Carelon Medical Benefits Management	RBM	
78459	metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Carelon Medical Benefits Management	RBM	
78466	Planar, infarct avid; qualitative or quantitative	Carelon Medical Benefits Management	RBM	
78468	Planar, infarct avid; with ejection fraction by first pass technique	Carelon Medical Benefits Management	RBM	
78469	SPECT, infarct avid; with or without quantification	Carelon Medical Benefits Management	RBM	
78472	Gated equilibrium; planar, single study, wall motion plus ejection fraction	Carelon Medical Benefits Management	RBM	
78473	Gated equilibrium; planar, multiple studies, wall motion study plus ejection fraction	Carelon Medical Benefits Management	RBM	
78481	First pass technique; single study, wall motion study plus ejection fraction	Carelon Medical Benefits Management	RBM	
78483	First pass technique; multiple studies, wall motion study plus ejection fraction	Carelon Medical Benefits Management	RBM	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Carelon Medical Benefits Management	RBM	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Carelon Medical Benefits Management	RBM	
78494	Gated equilibrium: SPECT, at rest, wall motion study plus ejection fraction	Carelon Medical Benefits Management	RBM	
78496	Add-on code used in conjunction with 78472 does not require separate review	Carelon Medical Benefits Management	RBM	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
78608	Brain imaging PET, metabolic evaluation	Carelon Medical Benefits Management	RBM	
78609	Brain imaging PET, perfusion evaluation	Carelon Medical Benefits Management	RBM	
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	Carelon Medical Benefits Management	RBM	
78811	PET imaging, limited area	Carelon Medical Benefits Management	RBM	
78812	PET imaging, skull to mid-thigh	Carelon Medical Benefits Management	RBM	
78813	PET imaging, whole body	Carelon Medical Benefits Management	RBM	
78814	PET imaging, with CT for attenuation; limited area	Carelon Medical Benefits Management	RBM	
78815	PET imaging, with CT for attenuation; skull base to mid-thigh	Carelon Medical Benefits Management	RBM	
78816	PET imaging, with CT for attenuation; whole body	Carelon Medical Benefits Management	RBM	
79101	Radiopharmaceutical therapy, by intravenous administration [when specified as injection of	Anthem — SHBP UM-UM	CC-0112	
79101	Radiopharmaceutical therapy, by intravenous administration [injection of lobenguane I 131 (Azedra)]	Anthem — SHBP UM-UM	CC-0118	
79101	Radiopharmaceutical therapy, by intravenous administration [when specified as injection of lutetium Lu 177 dotatate (Lutathera)]	Anthem — SHBP UM-UM	CC-0118	
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Anthem — SHBP UM-UM	CC-0118	
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration [when specified as transcatheter tumor destruction procedure using yttrium-90 microspheres]	Anthem — SHBP UM	CG-SURG-78	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg glioma), common variants (eg, R132H,	Anthem — SHBP UM	CG-GENE-14	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg glioma), common variants (eg, R140W, R172M)	Anthem — SHBP UM	CG-GENE-14	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Anthem — SHBP UM UM	CG-GENE-13	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene	Anthem — SHBP UM	CG-GENE-16	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Anthem — SHBP UM	CG-GENE-16	
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)	Anthem — SHBP UM	CG-GENE-16	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Anthem — SHBP UM	CG-GENE-16	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Anthem — SHBP UM	CG-GENE-16	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Anthem — SHBP UM	CG-GENE-16	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
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)	Anthem — SHBP UM UM	CG-GENE-13	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Anthem — SHBP UM UM	CG-GENE-13	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
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)	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81177	ATN1 (atrophin1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado- Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81182	ATXN8OS (ataxin 8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Anthem — SHBP UM UM	CG-GENE-13	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, mytonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded alleles	Anthem — SHBP UM UM	CG-GENE-13	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Anthem — SHBP UM UM	CG-GENE-13	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Anthem — SHBP UM	CG-GENE-14	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Anthem — SHBP UM	CG-GENE-14	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Anthem — SHBP UM	CG-GENE-14	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors)	Anthem — SHBP UM	CG-GENE-14	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Anthem — SHBP UM UM	CG-GENE-13	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-15	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-15	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-15	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or	Anthem — SHBP UM UM	CG-GENE-13	

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81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Anthem — SHBP UM UM	CG-GENE-13	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Anthem — SHBP UM	CG-GENE-14	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7	Anthem — SHBP UM UM	CG-GENE-13	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Anthem — SHBP UM	CG-GENE-14	
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Anthem — SHBP UM	CG-GENE-16	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Anthem — SHBP UM	CG-GENE-16	
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Anthem — SHBP UM	CG-GENE-16	
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer)	Anthem — SHBP UM	CG-GENE-16	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence	Anthem — SHBP UM	CG-GENE-14	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Anthem — SHBP UM UM	CG-GENE-13	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-13	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-13	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Anthem — SHBP UM UM	CG-GENE-13	
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)	Anthem — SHBP UM	CG-GENE-10	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal	Anthem — SHBP UM	CG-GENE-10	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Anthem — SHBP UM	CG-GENE-14	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
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) [including but not limited to cobas® Mutation Test v2, OncoBEAM™ Lung1: EGFR, therascreen	Anthem — SHBP UM	CG-GENE-14	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
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)	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Anthem — SHBP UM UM	CG-GENE-13	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Anthem — SHBP UM UM	CG-GENE-13	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Anthem — SHBP UM UM	CG-GENE-13	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Anthem — SHBP UM UM	CG-GENE-13	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Anthem — SHBP UM UM	CG-GENE-13	
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Anthem — SHBP UM	CG-GENE-14	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836 )	Anthem — SHBP UM	CG-GENE-14	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	Anthem — SHBP UM UM	CG-GENE-13	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Anthem — SHBP UM UM	CG-GENE-13	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-13	
81254	GJB2 (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)])	Anthem — SHBP UM UM	CG-GENE-13	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Anthem — SHBP UM UM	CG-GENE-13	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Anthem — SHBP UM UM	CG-GENE-13	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Anthem — SHBP UM UM	CG-GENE-13	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Anthem — SHBP UM UM	CG-GENE-13	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C,	Anthem — SHBP UM UM	CG-GENE-13	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-13	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM UM	CG-GENE-13	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Anthem — SHBP UM	CG-GENE-14	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Anthem — SHBP UM UM	CG-GENE-13	



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81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Anthem — SHBP UM	CG-GENE-14	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Anthem — SHBP UM	CG-GENE-14	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded)	Anthem — SHBP UM UM	CG-GENE-13	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded	Anthem — SHBP UM UM	CG-GENE-13	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Anthem — SHBP UM UM	CG-GENE-15	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Anthem — SHBP UM UM	CG-GENE-13	
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Anthem — SHBP UM UM	CG-GENE-13	
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Anthem — SHBP UM UM	CG-GENE-13	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM UM	CG- GENE-15	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-15	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-15	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM UM	CG-GENE-15	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-15	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-15	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non- polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM UM	CG-GENE-15	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non- polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Anthem — SHBP UM UM	CG-GENE-15	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non- polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-15	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM UM	CG-GENE-13	
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Anthem — SHBP UM UM	CG-GENE-13	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Anthem — SHBP UM UM	CG-GENE-13	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Anthem — SHBP UM	CG-GENE-14	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Anthem — SHBP UM	CG-GENE-14	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Anthem — SHBP UM	CG-GENE-14	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Anthem — SHBP UM	CG-GENE-14	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Anthem — SHBP UM	CG-GENE-14	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem — SHBP UM	CG-GENE-13	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Anthem — SHBP UM	CG-GENE-14	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Anthem — SHBP UM	CG-GENE-14	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Anthem — SHBP UM	CG-GENE-14	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM	CG-GENE-15	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Anthem — SHBP UM	CG-GENE-15	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Anthem — SHBP UM	CG-GENE-15	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Anthem — SHBP UM	CG-GENE-14	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Anthem — SHBP UM	CG- GENE-14	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Anthem- Anthem — SHBP UM UM	CG- GENE-14	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Anthem- Anthem — SHBP UM UM	CG- GENE-14	
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	Anthem — SHBP UM UM	CG-GENE-13	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Anthem — SHBP UM UM	CG-GENE-13	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Anthem — SHBP UM UM	CG-GENE-13	
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)	Anthem — SHBP UM UM	CG-GENE-13	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Anthem — SHBP UM UM	CG-GENE-13	
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)	Anthem — SHBP UM	CG-GENE-14	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Anthem — SHBP UM UM	CG-GENE-13	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Anthem- Anthem — SHBP UM UM	CG- GENE-14	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Anthem- Anthem — SHBP UM UM	CG-GENE-14	

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81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem- Anthem — SHBP UM UM	CG-GENE-13	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Anthem- Anthem — SHBP UM UM	CG-GENE-13	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Anthem — SHBP UM	CG-GENE-14	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Anthem — SHBP UM	CG-GENE-14	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Anthem — SHBP UM UM	CG-GENE-14	
81360	ZRSR2 (zinc finger CCHH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Anthem — SHBP UM	CG-GENE-14	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Anthem — SHBP UM UM	CG-GENE-13	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Anthem — SHBP UM UM	CG-GENE-13	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Anthem — SHBP UM UM	CG-GENE-13	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Anthem — SHBP UM UM	CG-GENE-13	
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) [when specified as the following]: -ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant -BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant -F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant	Anthem — SHBP UM UM	CG-GENE-13	
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) [when specified as the following]: ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50S, G205S)	Anthem — SHBP UM	CG-GENE-13, CG-GENE-14, CG-GENE-15	
81402	Molecular pathology procedure, Level 3 (eg, > 10 SNP's 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) [when specified as the following]: Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader- Willi/Angelman syndrome), short tandem repeat (STR)	Anthem — SHBP UM	CG-GENE-13	
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) [when specified as one of the following]: -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed (CG-GENE-01)- MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence F31 (CG-GENE-01)- Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (CG- GENE-09)- KCNC3 (potassium voltage-gated channel, Shaw- related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) (CG-GENE-13)- ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence (CG-GENE-13)- GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) (CG-GENE-14)- EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion	Anthem — SHBP UM	CG-GENE-13, CG-GENE-14, CG-GENE-15,	
81404	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) [when specified as the following]:	Anthem — SHBP UM	GENE.00007, CG-GENE-13, CG-GENE-14, CG- GENE-15, CG-GENE-17	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) [when specified as the following]: RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16)	Anthem — SHBP UM	CG-GENE-10, GENE.00007,CG-GENE-13, CG- GENE-14, CG-GENE-17	
81406	exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) [when specified as the following]: ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BCKDHB (branched chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] beta subunit) (eg, trifunctional protein deficiency), full gene sequence	Anthem — SHBP UM	GENE.00007, CG-GENE-13, CG-GENE-14, CG- GENE-15	
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) [when specified as the following]: CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence	Anthem — SHBP UM	GENE.00007, CG-GENE-13	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) [when specified as the following]: DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence	Anthem — SHBP UM	GENE.00007, CG-GENE-13, CG-GENE-14	
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, SLC2A1 0, SMAD3, and MYLK	Anthem — SHBP UM	GENE.00052	
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	Anthem — SHBP UM	GENE.00052	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Anthem — SHBP UM	GENE.00052	
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 [when specified as testing for 4 or less genes, including KCNH2 and KCNQ1 (and SCN5A if performed) for LTQS]	Anthem — SHBP UM	GENE.00007	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Anthem — SHBP UM	GENE.00052	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg,	Anthem — SHBP UM	GENE.00052	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated	Anthem — SHBP UM	GENE.00052	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Anthem — SHBP UM	GENE.00052	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Anthem — SHBP UM	GENE.00052	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings)	Anthem — SHBP UM	GENE.00052	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated	Anthem — SHBP UM	GENE.00052	
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	Anthem — SHBP UM	GENE.00052	
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	Anthem — SHBP UM	GENE.00052	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2,	Anthem — SHBP UM	GENE.00052	
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 [for breast cancer testing when	Anthem — SHBP UM	GENE.00052	
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	Anthem — SHBP UM	GENE.00052	
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11 [for Lynch syndrome testing when genes EPCAM and PMS2 are also included]	Anthem — SHBP UM	GENE.00052	
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes including MLH1, MSH2, EPCAM, SMAD4, and STK11 [for Lynch syndrome testing when genes MSH6 and PMS2 are also included]	Anthem — SHBP UM	GENE.00052	
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,	Anthem — SHBP UM-UM	GENE.00052	
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	Anthem — SHBP UM-UM	GENE.00052	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy- related genes (eg, DSG2, MYBPC3, MYH7, PKP2,	Anthem — SHBP UM-UM	GENE.00052	
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,	Anthem — SHBP UM-UM	GENE.00052	
81441	Inherited bone marrow failure syndromes (IBMFs) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Anthem — SHBP UM-UM	GENE.00052	
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	Anthem — SHBP UM-UM	GENE.00052	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Anthem — SHBP UM-UM	GENE.00052	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 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; DNA analysis or combined DNA and RNA analysis [when specified as one of the following]:Breast cancer panel test including at a minimum ATM, BARD1, BRCA1, BRCA2, CHEK2, PALB2, RAD51C, and RAD51D genes Lynch Syndrome panel test including at a minimum EPCAM, MLH1, MSH2, MSH6, and PMS2 genes NSCLC panel test including at a minimum ALK, BRAF, EGFR, ERBB2 (HER2), KRAS, MET, NTRK, RET and ROS1 genes Prostate cancer panel to evaluate deleterious germline or somatic homologous recombination repair (HRR) genes (eg, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FA NCL, PALB2, PPP2R2A, RAD51B,	Anthem — SHBP UM-UM	GENE.00052	
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	Anthem — SHBP UM-UM	GENE.00052	
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Anthem — SHBP UM-UM	GENE.00052	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 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; DNA analysis or combined DNA and RNA analysis [when specified as one of the following]: Acute lymphoblastic leukemia (ALL) panel test including at a Acute myeloid l leukemia (AML) panel test including at a minimum ASXL1, BCR-ABL, c- KIT, CEBPA (biallelic), FLT3-ITD, FLT3-TKD, IDH1, IDH2, NPM1, PML- RAR alpha, RUNX1, and TP53 genes minimum ABL1, ABL2, CRLF2, CSF1R, FLT3, IL7R, JAK1, JAK2, JAK3, PDGFRB, and SH2B3 genes Myelodysplastic syndrome (MDS) panel test including at a minimum ASXL1, DNMT3A, EZH2, NRAS, RUNX1, SF3B1, SRSF2, ST AG2, TET2, TP53, U2AF1, and ZRSR2	Anthem — SHBP UM-UM	GENE.00052	
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Anthem — SHBP UM-UM	GENE.00052	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, 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 or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis [when specified as one of the following: Acute lymphoblastic leukemia (ALL) gene panel, including at a minimum ABL1, ABL2, CRLF2, CSF1R, FLT3, IL7R, JAK1, JAK2, JAK3, PDGFRB, and SH2B3 genes Acute myeloid leukemia (AML) gene panel, including at a minimum ASXL1, BCR-ABL, c- KIT, CEBPA (biallelic), FLT3-ITD, FLT3-TKD, IDH1, IDH2, NPM1, PML- RAR alpha, RUNX1, and TP53 genes Breast cancer gene panel, including at a minimum ATM, BARD1, BRCA1, BRCA2, CHEK2, PALB2, RAD51C, and RAD51D genes Lynch Syndrome gene panel, including at a minimum EPCAM, MLH1, MSH2, MSH6, and PMS2 genes Myelodysplastic syndrome (MDS) gene panel, including at a minimum ASXL1, DNMT3A, EZH2, NRAS, RUNX1, SF3B1, SRSF2, ST AG2, TET2, TP53, U2AF1, and ZRSR2 genes NSCLC gene panel, including at a minimum ALK, BRAF, EGFR, ERBB2 (HER2), KRAS, MET, NTRK, RET and ROS1 genes Prostate cancer gene panel to evaluate deleterious germline or somatic homologous recombination repair (HRR) genes (eg, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FA NCL, PALB2, PPP2R2A, RAD51B, RAD51C, RAD51D, RAD54L) An In Vitro Companion Diagnostic Device	Anthem — SHBP UM-UM	GENE.00052	
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or	Anthem — SHBP UM-UM	GENE.00052	
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	Anthem — SHBP UM-UM	GENE.00052	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection if performed	Anthem — SHBP UM-UM	GENE.00052	
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	Anthem — SHBP UM-UM	GENE.00052	
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,	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as an inherited disease gene panel that does not meet the medically necessary criteria, such as the following: Counsyl, GeneVu, GoodStart Select, Inherigen, Inheritest Carrier Screen, Natera Horizon]	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as one of the following panels]:Acute lymphoblastic leukemia (ALL) gene panel, including at a minimum ABL1, ABL2, CRLF2, CSF1R, FLT3, IL7R, JAK1, JAK2, JAK3, PDGFRB, and SH2B3 genes Acute myeloid leukemia (AML) gene panel, including at a minimum ASXL1, BCR-ABL, c- KIT, CEBPA (biallelic), FLT3-ITD, FLT3-TKD, IDH1, IDH2, NPM1, PML- RAR alpha, RUNX1, and TP53 genes Breast cancer gene panel, including at a minimum ATM, BARD1, BRCA1, BRCA2, CHEK2, PALB2, RAD51C, and RAD51D genes Lynch Syndrome gene panel, including at a minimum EPCAM, MLH1, MSH2, MSH6, and PMS2 genes Myelodysplastic syndrome (MDS) gene panel, including at a minimum ASXL1, DNMT3A, EZH2, NRAS, RUNX1, SF3B1, SRSF2, ST AG2, TET2, TP53, U2AF1, and ZRSR2 genes NSCLC gene panel, including at a minimum ALK, BRAF, EGFR, ERBB2 (HER2), KRAS, MET, NTRK, RET and ROS1 genes Prostate cancer gene panel to evaluate deleterious germline or somatic homologous recombination repair (HRR) genes (eg, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FA NCL, PALB2, PPP2R2A, RAD51B, RAD51C, RAD51D, RAD54L) An In Vitro Companion Diagnostic Device	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as a gene panel that does not meet medically necessary criteria]	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as a molecular profiling panel test using plasma specimen, for example the LiquidHallmark test]	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as a molecular profiling panel that does not meet medically necessary criteria]	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as one of the following ctDNA panels]: NSCLC cell-free DNA panel, including at a minimum ALK, BRAF, EGFR, ERBB2 (HER2), KRAS, MET, NTRK, RET and ROS1 genes Prostate cancer cell-free DNA panel to evaluate deleterious germline or somatic homologous recombination repair (HRR) genes (eg, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FA NCL, PALB2, PPP2R2A, RAD51B, RAD51C, RAD51D, RAD54L) An In Vitro Companion Diagnostic Device	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as a liquid biopsy panel using plasma specimen that does not meet medically necessary criteria]	Anthem — SHBP UM-UM	GENE.00052	
81479	Unlisted molecular pathology procedure [when specified as a whole genome, whole transcriptome or polygenic risk score test]	Anthem — SHBP UM-UM	GENE.00052	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
81479	Unlisted molecular pathology procedure [for example: ABCB4, ABCB11, ATP8B1, MYO5B, NR1H4, TJP2 (eg, progressive familial intrahepatic cholestasis); AC9DVL, GBE1 (1,4-alpha-glucan branching enzyme 1) (eg, glycogen storage disease); ELP1 (elongator complex protein 1) (eg, familial dysautonomia), NOTCH2 (notch receptor 2) (eg, Alagille syndrome), MVK, TPP1]	Anthem — SHBP UM	CG-GENE-13, CG-GENE-14, CG-GENE-16,	
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, algorithm reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine	Anthem — SHBP UM	GENE.00011	
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	Anthem — SHBP UM	GENE.00011	
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	Anthem — SHBP UM	GENE.00011	
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	Anthem — SHBP UM	GENE.00011	
81522	Oncology (breast), mRNA, gene expression profiling by RT- PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Anthem — SHBP UM	GENE.00011	
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	Anthem — Transplant	TRANS.00025	
81599	Unlisted multianalyte assay with algorithmic analysis [when specified as a gene panel for inherited disease other than those listed as medically necessary, including but not limited to Macula Risk® PGx, RetnaGene™ AMD]	Anthem — SHBP UM-UM	GENE.00052	
81599	Unlisted multianalyte assay with algorithmic analysis [when specified as a gene panel that does not meet medically necessary criteria]	Anthem — SHBP UM-UM	GENE.00052	
81599	Unlisted multianalyte assay with algorithmic analysis [when specified as a molecular profiling panel that does not meet medically necessary criteria]	Anthem — SHBP UM-UM	GENE.00052	
81599	Unlisted multianalyte assay with algorithmic analysis [when specified as a whole genome, whole transcriptome or polygenic risk score test]	Anthem — SHBP UM	GENE.00052	
81599	Unlisted multianalyte assay with algorithmic analysis	Anthem — SHBP UM	GENE.00011, CG-GENE-13	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified [when specified as tau protein, amyloid beta peptide	Anthem — SHBP UM	LAB.00046	
84999	Unlisted chemistry procedure [when specified as tau protein, amyloid beta peptide or neural thread protein biochemical testing]	Anthem — SHBP UM	LAB.00046	
84999	Unlisted chemistry procedure [when specified as a breast cancer gene expression profile other than Oncotype DX, Prosigna, EndoPredict, MammaPrint or the Breast Cancer Index]	Anthem — SHBP UM	GENE.00011, TRANS.00025, TRANS.00025	
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis); less than or equal to 5 embryos	Anthem — SHBP UM	CG-MED-88	
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis); greater than 5 embryos	Anthem — SHBP UM	CG-MED-88	
90281	Immune globulin	Carelon Rx	CC-0003, CC-0039	
90283	Immune globulin	Carelon Rx	CC-0003	
90284	Immune globulin subcutaneous [Human]	Carelon Rx	CC-0003	
90378	Synarel NS	Anthem-SHBP UM	MCG	
90867	Behavioral, Transcranial Magnetic Stimulation (TMS)	Anthem-SHBP UM	UMBEH02	
90868	Behavioral, Transcranial Magnetic Stimulation (TMS)	Anthem-SHBP UM	UMBEH02	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Anthem — SHBP UM	MED.00090	
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Carelon Medical Benefits Management	Cardiology	
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Cardiology	
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Cardiology	
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Cardiology	
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Carelon Medical Benefits Management	Cardiology	
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Carelon Medical Benefits Management	Cardiology	
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
93228	Wearable 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	Anthem — SHBP UM	CG-MED-74	
93229	Wearable 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	Anthem — SHBP UM	CG-MED-74	
93264	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Anthem — SHBP UM	MED.00115	
93303	Transthoracic echocardiography or congenital cardiac anomalies; complete	Carelon Medical Benefits Management	Cardiology	
93304	Transthoracic echocardiography or congenital cardiac anomalies; follow-up or limited study	Carelon Medical Benefits Management	Cardiology	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Carelon Medical Benefits Management	Cardiology	
93307	Transthoracic echocardiography; complete, without spectral Doppler echocardiography, or color flow Doppler echocardiography	Carelon Medical Benefits Management	Cardiology	
93308	Transthoracic echocardiography; complete, without spectral Doppler echocardiography, or color flow Doppler echocardiography follow-up or limited study	Carelon Medical Benefits Management	Cardiology	
93312	Echocardiography, transesophageal, real-time with image documentation (2-D) (with or without M-mode recording)	Carelon Medical Benefits Management	Cardiology	
93313	Echocardiography, transesophageal, probe placement only	Carelon Medical Benefits Management	Cardiology	
93314	Echocardiography, transesophageal, image acquisition, interpretation and report only	Carelon Medical Benefits Management	Cardiology	
93315	Echocardiography, transesophageal for congenital cardiac anomalies	Carelon Medical Benefits Management	Cardiology	
93316	Echocardiography, transesophageal, probe placement only (congenital cardiac anomalies)	Carelon Medical Benefits Management	Cardiology	
93317	Echocardiography, transesophageal, image acquisition, interpretation and report only (congenital cardiac anomalies)	Carelon Medical Benefits Management	Cardiology	
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	Carelon Medical Benefits Management	Cardiology	
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	Carelon Medical Benefits Management	Cardiology	
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	Carelon Medical Benefits Management	Cardiology	
93350	Echocardiography, transthoracic during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	Carelon Medical Benefits Management	Cardiology	
93351	Echocardiography, transthoracic 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 physician	Carelon Medical Benefits Management	Cardiology	
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Cardiology	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	Carelon Medical Benefits Management	Cardiology	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Carelon Medical Benefits Management	Cardiology	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Carelon Medical Benefits Management	Cardiology	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Carelon Medical Benefits Management	Cardiology	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Carelon Medical Benefits Management	Cardiology	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Cardiology	
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	Carelon Medical Benefits Management	Cardiology	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Cardiology	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Anthem — SHBP UM	SURG.00096, SURG.00032	
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Anthem — SHBP UM	CG-SURG-63	
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	Anthem — SHBP UM	CG-MED-64	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation	Anthem — SHBP UM	CG-MED-64	
93880	Duplex scan, extracranial arteries; complete bilateral study	Carelon Medical Benefits Management	Cardiology	
93882	Duplex scan, extracranial arteries; unilateral or limited study	Carelon Medical Benefits Management	Cardiology	
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries	Carelon Medical Benefits Management	Cardiology	
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels	Carelon Medical Benefits Management	Cardiology	
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing	Carelon Medical Benefits Management	Cardiology	
93925	Duplex scan, lower extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Cardiology	
93926	Duplex scan, lower extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Cardiology	
93930	Duplex scan, upper extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Cardiology	
93931	Duplex scan, upper extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Cardiology	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
93978	Duplex scan, aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	Carelon Medical Benefits Management	Cardiology	
93979	Duplex scan, aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Cardiology	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Sleep	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Carelon Medical Benefits Management	Sleep	
95800	Sleep study, unattended simultaneous recording heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	Carelon Medical Benefits Management	Sleep	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation and respiratory analysis (e.g., by airflow or peripheral arterial tone)	Carelon Medical Benefits Management	Sleep	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Carelon Medical Benefits Management	Sleep	
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)	Carelon Medical Benefits Management	Sleep	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Carelon Medical Benefits Management	Sleep	
95808	Polysomnography; Any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Sleep	
95810	Polysomnography; Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Sleep	
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 bi-level ventilation, attended by a technologist	Carelon Medical Benefits Management	Sleep	
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Anthem — SHBP UM	SURG.00007	
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Anthem — SHBP UM	SURG.00007	
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture [when associated with administration of nusinersen (SPINRAZA)]	Anthem — SHBP UM	CC-0048	
96999	Unlisted special dermatological service or procedure	Anthem — SHBP UM	ANC.00007, SURG.00037	
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	Anthem — SHBP UM	CG-SURG-03	
00797	Anesthesia for intraperitoneal procedures in upper abdomen, including laparoscopy; gastric restrictive procedure for morbid obesity	Anthem — SHBP UM	CG-SURG-83	
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 BCR-ABL1 major and minor breakpoint fusion transcripts, University of Iowa, Department of Pathology, Asuragen	Anthem — SHBP UM	CG-GENE-14	
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	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider OncoPrint™ Dx Target Test, Thermo Fisher Scientific, Thermo Fisher Scientific	Anthem — SHBP UM-UM	GENE.00052	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin	Anthem — SHBP UM	CG-GENE-14	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15 JAK2 Exons 12 to 15 Sequencing, Mayo Clinic, Mayo Clinic	Anthem- Anthem — SHBP UM UM	CG-GENE-14	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin- embedded tumor tissue and normal specimen, sequence analyses EXaCT-1 Whole Exome Testing; Lab of Oncology- Molecular Detection, Weill Cornell Medicine Clinical Genomics Laboratory	Anthem — SHBP UM-UM	GENE.00052	
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 FoundationOne CDx™ (F1CDx); Foundation Medicine, Inc.	Anthem — SHBP UM-UM	GENE.00052	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative MRDx BCR-ABL Test; MolecularMD	Anthem — SHBP UM	CG-GENE-14	
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	Anthem — SHBP UM	GENE.00011	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative FLT3 ITD MRD by NGS; LabPMM LLC, an Invivoscribe Technologies, Inc. Company	Anthem — SHBP UM	CG-GENE-14	
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) MSK-IMPACT	Anthem — SHBP UM-UM	GENE.00052	
0049U	analysis, quantitativeNPM1 MRD by NGS; LabPMM LLC, an Invivoscribe Technologies, Inc.	Anthem — SHBP UM	CG-GENE-14	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements MyAML NGS Panel; LabPMM LLC, an Invivoscribe Technologies, Inc. Company	Anthem — SHBP UM-UM	GENE.00052	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis RCGM Rapid Whole Genome Sequencing, Rady Children's Institute for Genomic	Anthem — SHBP UM-UM	GENE.00052	
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])ColoNext®, Ambry Genetics®, Ambry Genetics®	Anthem — SHBP UM-UM	GENE.00052	
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]) BreastNext®, Ambry Genetics®, Ambry Genetics®	Anthem — SHBP UM-UM	GENE.00052	

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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]) OvaNext®, Ambry Genetics®, Ambry Genetics®	Anthem — SHBP UM-UM	GENE.00052	
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) BRCAplus, Ambry Genetics	Anthem — SHBP UM-UM	GENE.00052	
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) Resolution ctDx Lung™, Resolution Bioscience, Resolution Bioscience, Inc	Anthem — SHBP UM-UM	GENE.00052	
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements Vita Risk®, Arctic Medical Laboratories, Arctic Medical Laboratories	Anthem — SHBP UM-UM	GENE.00052	
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease DISCERN™, NeuroDiagnostics,	Anthem — SHBP UM-UM	LAB.00046	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association MI Cancer Seek™ - NGS Analysis, Caris MPI d/b/a Caris Life Sciences, Caris MPI d/b/a Caris Life	Anthem — SHBP UM-UM	GENE.00052	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband Genomic Unity® Whole Genome Analysis - Proband, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM-UM	GENE.00052	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) Genomic Unity® Whole Genome Analysis - Comparator, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM-UM	GENE.00052	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband Genomic Unity® Exome Plus Analysis - Proband, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM-UM	GENE.00052	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) Genomic Unity® Exome Plus Analysis - Comparator, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM-UM	GENE.00052	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants Genomic Unity® Ataxia Repeat Expansion and Sequence Analysis, Variantyx Inc,	Anthem — SHBP UM-UM	GENE.00052	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants Genomic Unity® Comprehensive Ataxia Repeat Expansion and Sequence Analysis,	Anthem — SHBP UM-UM	GENE.00052	
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non- uniquely mappable regions Genomic Unity® Cardiac Ion Channelopathies Analysis, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM-UM	GENE.00052	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non- uniquely mappable regions Genomic Unity® Lynch Syndrome Analysis, Variantyx Inc, Variantyx Inc For cancer susceptibility (breast, Lynch syndrome) or management (NSCLC, prostate cancer, ALL, AML, MDS, IVD)	Anthem — SHBP UM-UM	GENE.00052	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations FoundationOne® Liquid CDx, FOUNDATION MEDICINE, INC, FOUNDATION MEDICINE, INC	Anthem — SHBP UM-UM	GENE.00052	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements Guardant360® CDx, Guardant Health Inc, Guardant Health Inc	Anthem — SHBP UM-UM	GENE.00052	
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue Oncotype MAP™ PanCancer Tissue Test, Paradigm Diagnostics, Inc,	Anthem — SHBP UM-UM	GENE.00052	
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden PGDx elio™ tissue complete, Personal Genome Diagnostics, Inc, Personal	Anthem — SHBP UM-UM	GENE.00052	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping Augusta Optical Genome Mapping, Georgia Esoteric and Molecular (GEM) Laboratory, LLC, Bionano Genomics Inc	Anthem — SHBP UM-UM	GENE.00052	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping Praxis Optical Genome Mapping, Praxis Genomics LLC	Anthem — SHBP UM-UM	GENE.00052	
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants Praxis Whole Genome Sequencing, Praxis Genomics LLC	Anthem — SHBP UM-UM	GENE.00052	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue specific gene expression by whole transcriptome and next-generation sequencing, blood, formalin-fixed paraffin embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes Praxis Transcriptome, Praxis Genomics LLC	Anthem — SHBP UM-UM	GENE.00052	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing Praxis Combined Whole Genome Sequencing and Optical Genome Mapping, Praxis Genomics LLC	Anthem — SHBP UM-UM	GENE.00052	



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0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid Versiti™ aHUS Genetic Evaluation, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid Versiti™ Autosomal Dominant Thrombocytopenia Panel, Versiti™ Diagnostic Laboratories Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid Versiti™ Coagulation Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive Versiti™ Comprehensive Bleeding Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid Versiti™ Fibrinolytic Disorder Panel,	Anthem — SHBP UM-UM	GENE.00052	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid Versiti™ Comprehensive Platelet Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid Versiti™ Inherited Thrombocytopenia Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid Versiti™ Platelet Function Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid Versiti™ Thrombosis Panel, Versiti™ Diagnostic Laboratories, Versiti™	Anthem — SHBP UM-UM	GENE.00052	
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Anthem — SHBP UM-UM	GENE.00052	
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level	Anthem — SHBP UM-UM	GENE.00052	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification Praxis Somatic Optical	Anthem — SHBP UM-UM	GENE.00052	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification Praxis Somatic	Anthem — SHBP UM-UM	GENE.00052	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD Invitae PCM Tissue Profiling and MRD Baseline Assay, Invitae Corporation, Invitae Corporation	Anthem — SHBP UM-UM	GENE.00052	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell- free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD Invitae PCM MRD Monitoring, Invitae Corporation, Invitae Corporation	Anthem — SHBP UM-UM	GENE.00052	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden Guardant360, Guardant Health Inc.	Anthem — SHBP UM-UM	GENE.00052	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Anthem — SHBP UM-UM	GENE.00052	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations Augusta Hematology Optical Genome Mapping, Georgia Esoteric and Molecular Labs, Augusta University, Bionano	Anthem — SHBP UM-UM	GENE.00052	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy EpiSwitch® CiRT (Checkpoint-inhibitor Response Test), Next Bio-Research Services, LLC, Oxford BioDynamics, PLC	Anthem — SHBP UM-UM	GENE.00052	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy- prothrombin (DCP), algorithm reported as normal or abnormal result HelioLiver™ Test, Fulgent Genetics, LLC, Helio Health, Inc	Anthem — SHBP UM-UM	GENE.00052	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden Guardant360 TissueNext™, Guardant Health, Inc, Guardant Health, Inc	Anthem — SHBP UM-UM	GENE.00052	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants IriSight™ Prenatal Analysis – Proband, Variantyx, Inc, Variantyx, Inc	Anthem — SHBP UM-UM	GENE.00052	
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) IriSight™ Prenatal Analysis – Comparator, Variantyx, Inc, Variantyx, Inc	Anthem — SHBP UM-UM	GENE.00052	
0340U	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Anthem — SHBP UM-UM	Carelon	
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer miR Sentinel™ Prostate Cancer Test, miR Scientific, LLC, miR Scientific, LLC	Anthem — SHBP UM-UM	GENE.00052	
0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma QUEST AD-Detect™, Beta-Amyloid 42/40 Ratio, Plasma, Quest Diagnostics	Anthem — SHBP UM-UM	LAB.00046	
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence NavDx®, Naveris, Inc, Naveris, Inc	Anthem — SHBP UM-UM	GENE.00052	
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1- 42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative Lumipulse® G βAmyloid Ratio (1-42/1-40) Test, Fujirebio Diagnostics, Inc, Fujirebio Diagnostics, Inc	Anthem — SHBP UM-UM	LAB.00046	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative Neurofilament Light Chain (NfL), Mayo Clinic, Mayo Clinic	Anthem — SHBP UM-UM	LAB.00046	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer ColoScape™ Colorectal Cancer Detection, DiaCarta Clinical Lab, DiaCarta, Inc	Anthem — SHBP UM-UM	GENE.00052	
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden Solid Tumor Expanded Panel, Quest Diagnostics®, Quest Diagnostics®	Anthem — SHBP UM-UM	GENE.00052	
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection InVisionFirst®-Lung Liquid Biopsy, Inivata, Inc, Inivata, Inc [Note: code is effective 07/01/2023]	Anthem — SHBP UM-UM	GENE.00052	
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score Strata Select™, Strata Oncology, Inc, Strata Oncology, Inc [Note: code is effective	Anthem — SHBP UM-UM	GENE.00052	
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations Agilent Resolution ctDx FIRST, Resolution Bioscience, Inc, Resolution Bioscience, Inc [Note: code is effective 07/01/2023]	Anthem — SHBP UM-UM	GENE.00052	
0400U	Obstetrics (expanded carrier screening), 145 genes by next- generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative Genesys Carrier Panel, Genesys Diagnostics, Inc	Anthem — SHBP UM-UM	GENE.00052	
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event CARDIO inCode-Score (CIC-SCORE), GENinCode U.S. Inc, GENinCode U.S. Inc [Note: code is effective	Anthem — SHBP UM-UM	GENE.00052	
00530	Anesthesia for permanent transvenous pacemaker insertion	Anthem — SHBP UM	CG-SURG-63	
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter/defibrillator	Anthem — SHBP UM	CG-SURG-63, CG-SURG-97	
00580	Anesthesia for heart transplant or heart/lung transplant	Anthem — Transplant	TRANS.00026, TRANS.00033	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Anthem — SHBP UM	MED.00057	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Anthem — SHBP UM	MED.00057	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Anthem — SHBP UM	CG-SURG-76	
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic	Anthem — SHBP UM	CG-SURG-76	
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	Anthem — Transplant	TRANS.00008	
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	Anthem — SHBP UM	CG-SURG-99	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List	Carelon Medical Benefits Management	MSK	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace,	Carelon Medical Benefits Management	MSK	
0111U	Proprietary Laboratory Analyses (PLA) code,applies to only one unique lab test made by a specific manufacturer or performed by a specific lab. Report 0111U for the Praxis™ Extended RAS Panel from Illumina, which is a targeted gene analysis panel for KRAS and NRAS codons in	Anthem — SHBP UM	CG-GENE-14	
0153U	Oncology (breast), mRNA, gene expression profiling by next- generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Anthem — SHBP UM	GENE.00011	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT- PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR	Anthem — SHBP UM	CG-GENE-14	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol- 4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p Q546R p H1047L p H1047R p H1047Y) utilizing formalin fixed	Anthem — SHBP UM	CG-GENE-14	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis Clarifi™, Quadrant Biosciences, Inc, Quadrant Biosciences, Inc	Anthem — SHBP UM UM	CG-GENE-13	
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol- 4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Anthem — SHBP UM UM	CG-GENE-14	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	Carelon Medical Benefits Management	MSK	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device,	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	Carelon Medical Benefits Management	MSK	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	Anthem — SHBP UM	SURG.00092	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities CNGnome™, PerkinElmer Genomics, PerkinElmer Genomics	Anthem — SHBP UM	CG-GENE-10	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood EpiSign Complete, Greenwood Genetic Center	Anthem- Anthem — SHBP UM UM	CG-GENE-10	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Carelon Medical Benefits Management	MSK	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
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	Carelon Medical Benefits Management	MSK	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants Genomic Unity® DMD Analysis, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM UM	CG-GENE-13	
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Anthem — SHBP UM	CG-GENE-14	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions,	Anthem — SHBP UM	CG-GENE-13	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions Genomic Unity® CSTB Analysis, Variantyx	Anthem — SHBP UM	CG-GENE-13	
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non- uniquely mappable regions Genomic Unity® CSTB Analysis, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM	CG-GENE-13	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non- uniquely mappable regions Genomic Unity® FXN Analysis, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM	CG-GENE-13	
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions Genomic Unity® MECP2 Analysis, Variantyx Inc, Variantyx Inc	Anthem — SHBP UM	CG-GENE-13	
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Anthem -Anthem — SHBP UM UM	CG-GENE- 14	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Anthem — SHBP UM UM	CG-GENE-13	
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	Anthem — SHBP UM	SURG.00103	
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	Anthem — Transplant	TRANS.00035	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding unilateral or bilateral bone marrow harvest	Anthem — Transplant	TRANS.00035	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Anthem — Transplant	TRANS.00035	
0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image	Anthem — SHBP UM	SURG.00071	
0275T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Anthem — SHBP UM	SURG.00071	
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	Anthem — SHBP UM	CG-SURG-83	
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	Anthem — SHBP UM	CG-SURG-83	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Anthem — SHBP UM	CG-SURG-83	
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Anthem — SHBP UM	CG-SURG-83	
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Anthem — SHBP UM	CG-SURG-83	
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Anthem — SHBP UM	CG-SURG-83	
0335T	Insertion of sinus tarsi implant	Anthem — SHBP UM	SURG.00104	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Anthem — SHBP UM	CG-MED-68	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Anthem — SHBP UM	SURG.00121	
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Anthem — SHBP UM	CG-MED-70	
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Anthem — SHBP UM	MED.00057	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Anthem — SHBP UM	CG-SURG-105	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Anthem — SHBP UM-UM	SURG.00153	
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	Anthem — SHBP UM-UM	SURG.00153	
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	Anthem — SHBP UM-UM	SURG.00153	
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	Anthem — SHBP UM-UM	SURG.00153	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Anthem — SHBP UM-UM	SURG.00153	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Anthem — SHBP UM-UM	SURG.00153	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Anthem — SHBP UM-UM	SURG.00153	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Anthem — SHBP UM-UM	SURG.00153	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Anthem — SHBP UM-UM	SURG.00153	
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	Anthem — SHBP UM-UM	SURG.00153	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Anthem — SHBP UM-UM	SURG.00153	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Anthem — SHBP UM	SURG.00028	
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)	Anthem — SHBP UM	CG-MED-79	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Anthem — SHBP UM	CG-MED-79	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Anthem — SHBP UM	CG-MED-79	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Anthem — SHBP UM	CG-MED-79	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Anthem — SHBP UM	CG-MED-79	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Anthem — SHBP UM	CG-MED-79	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Anthem — SHBP UM	CG-MED-79	
0431T	Removal and replacement of neurostimulator system for	Anthem — SHBP UM	CG-MED-79	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead	Anthem — SHBP UM	CG-MED-79	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Anthem — SHBP UM	CG-MED-79	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Anthem — SHBP UM	CG-MED-79	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Anthem — SHBP UM	CG-MED-79	
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Anthem — SHBP UM	CG-MED-79	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device [XEN Gel Stent]	Anthem — SHBP UM	SURG.00103	
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device [XEN Gel Stent]	Anthem — SHBP UM	SURG.00103	
0468T	Removal of chest wall respiratory sensor electrode or electrode array	Anthem — SHBP UM	SURG.00129	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space; each additional device [XEN Gel Stent]	Anthem — SHBP UM	SURG.00103	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Anthem — SHBP UM	SURG.00121	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg,	Anthem — SHBP UM	SURG.00121	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system,	Anthem — Transplant	TRANS.00009	
0495T	lung(s) organ perfusion system by physician or qualified health care professional, including physiological and	Anthem — Transplant	TRANS.00009	
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	Anthem — Transplant	TRANS.00009	
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	Carelon Medical Benefits Management	RBM	
0502T	Data preparation and transmission	Carelon Medical Benefits Management	RBM	
0503T	Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Carelon Medical Benefits Management	RBM	
0504T	Anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Carelon Medical Benefits Management	RBM	
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open	Anthem — SHBP UM	CG-SURG-49	
0510T	Removal of sinus tarsi implant	Anthem — SHBP UM	SURG.00104	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
0511T	Removal and reinsertion of sinus tarsi implant	Anthem — SHBP UM	SURG.00104	
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])	Anthem — SHBP UM-UM	SURG.00152	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Anthem — SHBP UM-UM	SURG.00152	
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	Anthem — SHBP UM-UM	SURG.00152	
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Anthem — SHBP UM-UM	SURG.00152	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Anthem — SHBP UM-UM	SURG.00152	
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	Anthem — SHBP UM-UM	SURG.00152	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	Anthem — SHBP UM-UM	SURG.00152	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	Anthem — SHBP UM-UM	SURG.00152	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or	Anthem — SHBP UM	SURG.00037	
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)	Anthem — SHBP UM-UM	MED.00111□	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation;	Anthem — SHBP UM-UM	MED.00111□	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	Anthem — SHBP UM-UM	MED.00111□	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Anthem — SHBP UM-UM	MED.00111□	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Anthem — SHBP UM-UM	MED.00111□	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Anthem — SHBP UM-UM	MED.00111□	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation;	Anthem — SHBP UM-UM	MED.00111□	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Anthem — SHBP UM-UM	MED.00111□	
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Anthem — Transplant	CC-0150/ CC-0151	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Anthem — Transplant	CC-0150/ CC-0151	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Anthem — Transplant	CC-0150/ CC-0151	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Anthem — Transplant	CC-0150/ CC-0151	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	Anthem — SHBP UM	SURG.00121	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Anthem — SHBP UM	SURG.00121	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Anthem — SHBP UM	SURG.00121	
0570T	Transcatheter tricuspid valve repair, percutaneous approach;	Anthem — SHBP UM	SURG.00121	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Anthem — SHBP UM	CG-SURG-61	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Anthem — Transplant	TRANS.00010	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed;	Anthem — Transplant	TRANS.00010	
0586T	Islet cell transplant, includes portal vein catheterization and	Anthem — Transplant	TRANS.00010	
0587T	Percutaneous implantation or replacement of integrated	Anthem — SHBP UM	CG-SURG-95	
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Anthem — SHBP UM	CG-SURG-95	
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient- selectable parameters, responsive	Anthem — SHBP UM	CG-SURG-95	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-	Anthem — SHBP UM	CG-SURG-95	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement [inFlow system]	Anthem — SHBP UM	SURG.00010	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement [inFlow	Anthem — SHBP UM	SURG.00010	
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of	Anthem — SHBP UM-UM	SURG.00156	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Anthem — SHBP UM-UM	SURG.00156	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Anthem — SHBP UM-UM	SURG.00156	
0620T	Endovascular venous arterIALIZation, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural	Anthem — SHBP UM	CG-SURG-49	
0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Anthem — SHBP UM	SURG.00011	
0628T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral	Anthem — SHBP UM	SURG.00011	
0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Anthem — SHBP UM	SURG.00011	
0630T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level	Anthem — SHBP UM	SURG.00011	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Anthem — SHBP UM-UM	SURG.00159	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Anthem — SHBP UM	SURG.00010	
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Anthem — SHBP UM	CG-SURG-78	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
0742T	Absolute Quantitation of Myocardial Blood Flow Measurement- 7/1	Anthem — SHBP UM	RAD.00069	
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Anthem — SHBP UM-UM	THER-RAD.00012	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Anthem — SHBP UM-UM	THER-RAD.00012	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Anthem — SHBP UM-UM	THER-RAD.00012	
0899T	Absolute Quantitation of Myocardial Blood Flow Measurement- 7/1	Anthem — SHBP UM-UM	RAD.00069	
0900T	Absolute Quantitation of Myocardial Blood Flow Measurement- 7/1	Anthem — SHBP UM-UM	RAD.00069	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Carelon Medical Benefits Management	MSK	
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	Anthem — SHBP UM	CG-SURG-61	
20999	Unlisted procedure, musculoskeletal system, general, when specified as harvesting or administration of stem cells for therapy to repair damaged cells or body tissues;l	Anthem — SHBP UM	TRANS.00035	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Carelon Medical Benefits Management	MSK	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Carelon Medical Benefits Management	MSK	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Carelon Medical Benefits Management	MSK	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Carelon Medical Benefits Management	MSK	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Carelon Medical Benefits Management	MSK	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Carelon Medical Benefits Management	MSK	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Carelon Medical Benefits Management	MSK	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Carelon Medical Benefits Management	MSK	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
22526	Percutaneous intradiscal electrothermal annuloplasty [IDET], unilateral or bilateral including fluoroscopic guidance; single level	Anthem — SHBP UM	SURG.00052	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
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	Anthem — SHBP UM	SURG.00111	
22899	Unlisted procedure, spine	Anthem — SHBP UM	SURG.00111	
22899	Unlisted procedure, spine	Anthem — SHBP UM	SURG.00052	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Carelon Medical Benefits Management	MSK	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder))	Carelon Medical Benefits Management	MSK	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Carelon Medical Benefits Management	MSK	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Carelon Medical Benefits Management	MSK	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including	Carelon Medical Benefits Management	MSK	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Carelon Medical Benefits Management	MSK	
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Carelon Medical Benefits Management	MSK	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Carelon Medical Benefits Management	MSK	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Carelon Medical Benefits Management	MSK	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Carelon Medical Benefits Management	MSK	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Carelon Medical Benefits Management	MSK	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Carelon Medical Benefits Management	MSK	
27138	Revision of total hip arthroplasty; femoral component only,	Carelon Medical Benefits Management	MSK	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Carelon Medical Benefits Management	MSK	
27331	Arthrotomy, knee; including joint exploration, biopsy, or	Carelon Medical Benefits Management	MSK	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Carelon Medical Benefits Management	MSK	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Carelon Medical Benefits Management	MSK	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Carelon Medical Benefits Management	MSK	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Carelon Medical Benefits Management	MSK	
27403	Arthrotomy with meniscus repair, knee	Carelon Medical Benefits Management	MSK	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Carelon Medical Benefits Management	MSK	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Carelon Medical Benefits Management	MSK	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Carelon Medical Benefits Management	MSK	
27412	Autologous chondrocyte implantation, knee	Carelon Medical Benefits Management	MSK	
27415	Osteochondral allograft, knee, open [when specified as osteochondral allograft]	Carelon Medical Benefits Management	MSK	
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) includes harvesting of autograft[s])	Carelon Medical Benefits Management	MSK	
27425	Lateral retinacular release, open	Carelon Medical Benefits Management	MSK	
27427	Ligamentous reconstruction (augmentation), knee; extra- articular	Carelon Medical Benefits Management	MSK	
27428	Ligamentous reconstruction (augmentation), knee; intra- articular (open)	Carelon Medical Benefits Management	MSK	
27429	Ligamentous reconstruction (augmentation), knee; intra- articular (open) and extra-articular	Carelon Medical Benefits Management	MSK	
27437	Arthroplasty, patella; without prosthesis	Carelon Medical Benefits Management	MSK	
27438	Arthroplasty, patella; with prosthesis	Carelon Medical Benefits Management	MSK	
27440	Arthroplasty, knee; tibial plateau	Carelon Medical Benefits Management	MSK	
27441	Arthroplasty, knee, tibial plateau; with debridement and	Carelon Medical Benefits Management	MSK	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	Carelon Medical Benefits Management	MSK	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Carelon Medical Benefits Management	MSK	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Carelon Medical Benefits Management	MSK	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral	Carelon Medical Benefits Management	MSK	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee	Carelon Medical Benefits Management	MSK	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Carelon Medical Benefits Management	MSK	
27487	Revision of total knee arthroplasty, with or without allograft;	Carelon Medical Benefits Management	MSK	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Carelon Medical Benefits Management	MSK	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Carelon Medical Benefits Management	MSK	
27702	Arthroplasty, ankle; with implant (total ankle)	Anthem — SHBP UM	CG-SURG-74	
27703	Arthroplasty, ankle; revision, total ankle	Anthem — SHBP UM	CG-SURG-74	
28446	Open osteochondral autograft, talus (includes obtaining	Carelon Medical Benefits Management	MSK	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial	Carelon Medical Benefits Management	MSK	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Carelon Medical Benefits Management	MSK	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Carelon Medical Benefits Management	MSK	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	MSK	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Carelon Medical Benefits Management	MSK	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Carelon Medical Benefits Management	MSK	
29822	Arthroscopy, shoulder, surgical; debridement, limited	Carelon Medical Benefits Management	MSK	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Carelon Medical Benefits Management	MSK	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface	Carelon Medical Benefits Management	MSK	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Carelon Medical Benefits Management	MSK	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release, when performed (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Carelon Medical Benefits Management	MSK	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Carelon Medical Benefits Management	MSK	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	MSK	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	MSK	
29862	Arthroscopy, hip, surgical; with debridement/shaving of	Carelon Medical Benefits Management	MSK	
29863	Arthroscopy, hip, surgical; with synovectomy	Carelon Medical Benefits Management	MSK	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft)	Carelon Medical Benefits Management	MSK	
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g.,	Carelon Medical Benefits Management	MSK	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
29868	Arthroscopy, knee, surgical; meniscal transplantation	Carelon Medical Benefits Management	MSK	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	MSK	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Carelon Medical Benefits Management	MSK	
29873	Arthroscopy, knee, surgical; with lateral release	Carelon Medical Benefits Management	MSK	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	Carelon Medical Benefits Management	MSK	
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)	Carelon Medical Benefits Management	MSK	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more	Carelon Medical Benefits Management	MSK	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Carelon Medical Benefits Management	MSK	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or	Carelon Medical Benefits Management	MSK	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Carelon Medical Benefits Management	MSK	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR	Carelon Medical Benefits Management	MSK	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Carelon Medical Benefits Management	MSK	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Carelon Medical Benefits Management	MSK	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Carelon Medical Benefits Management	MSK	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Carelon Medical Benefits Management	MSK	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Carelon Medical Benefits Management	MSK	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Carelon Medical Benefits Management	MSK	
29888	Arthroscopically aided anterior cruciate ligament	Carelon Medical Benefits Management	MSK	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Carelon Medical Benefits Management	MSK	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond	Carelon Medical Benefits Management	MSK	
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)	Carelon Medical Benefits Management	MSK	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	Carelon Medical Benefits Management	MSK	
29916	Arthroscopy, hip, surgical; with labral repair [when repair of the labral tear is associated with FAIS]	Carelon Medical Benefits Management	MSK	
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Anthem — SHBP UM	CG-SURG-61	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and	Anthem — SHBP UM	SURG.00032	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg,	Anthem — SHBP UM	SURG.00005	
33999 added 4/15/20	Unlisted procedure, cardiac surgery [when specified as open closure of left atrial appendage by intraluminal or	Anthem — SHBP UM	SURG.00032	
38207-38215	Transplant preparation of hematopoietic progenitor cells [includes codes 38207, 38208, 38209, 38210, 38211, 38212,	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030,	
38242	Allogeneic lymphocyte infusions	Anthem — SHBP UM	CG-TRANS-03	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Anthem — SHBP UM	CG-SURG-61	
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural	Anthem — SHBP UM	SURG.00098	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means	Anthem — SHBP UM	SURG.00072	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means	Anthem — SHBP UM	SURG.00072	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic [when specified as injection/infusion for lysis of adhesions]	Anthem — SHBP UM	SURG.00072	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic	Anthem — SHBP UM	SURG.00072	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Carelon Medical Benefits Management	MSK	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Carelon Medical Benefits Management	MSK	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Carelon Medical Benefits Management	MSK	
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,	Carelon Medical Benefits Management	MSK	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical	Carelon Medical Benefits Management	MSK	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Carelon Medical Benefits Management	MSK	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Carelon Medical Benefits Management	MSK	
63017	Laminectomy with exploration and/or decompression of	Carelon Medical Benefits Management	MSK	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or	Carelon Medical Benefits Management	MSK	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; single interspace,	Carelon Medical Benefits Management	MSK	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Carelon Medical Benefits Management	MSK	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Carelon Medical Benefits Management	MSK	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary	Carelon Medical Benefits Management	MSK	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary	Carelon Medical Benefits Management	MSK	
63045	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; cervical	Carelon Medical Benefits Management	MSK	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Carelon Medical Benefits Management	MSK	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Carelon Medical Benefits Management	MSK	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed)	Carelon Medical Benefits Management	MSK	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Carelon Medical Benefits Management	MSK	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Carelon Medical Benefits Management	MSK	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Carelon Medical Benefits Management	MSK	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Carelon Medical Benefits Management	MSK	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Carelon Medical Benefits Management	MSK	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Carelon Medical Benefits Management	MSK	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression	Carelon Medical Benefits Management	MSK	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment	Carelon Medical Benefits Management	MSK	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Carelon Medical Benefits Management	MSK	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	MSK	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	MSK	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal	Carelon Medical Benefits Management	MSK	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Carelon Medical Benefits Management	MSK	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	MSK	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	MSK	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal	Carelon Medical Benefits Management	MSK	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single	Carelon Medical Benefits Management	MSK	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Carelon Medical Benefits Management	MSK	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Carelon Medical Benefits Management	MSK	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Carelon Medical Benefits Management	MSK	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Carelon Medical Benefits Management	MSK	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Carelon Medical Benefits Management	MSK	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Carelon Medical Benefits Management	MSK	
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Carelon Medical Benefits Management	MSK	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Carelon Medical Benefits Management	MSK	
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Carelon Medical Benefits Management	MSK	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon Medical Benefits Management	MSK	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon Medical Benefits Management	MSK	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon Medical Benefits Management	MSK	
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	Carelon Medical Benefits Management	MSK	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Carelon Medical Benefits Management	MSK	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Carelon Medical Benefits Management	MSK	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Carelon Medical Benefits Management	MSK	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical	Carelon Medical Benefits Management	MSK	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Carelon Medical Benefits Management	MSK	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MSK	
65770	Keratoprosthesis	Anthem — SHBP UM	CG-SURG-94	
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Anthem — SHBP UM	SURG.00095	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Anthem — SHBP UM	SURG.00095	
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions [when specified as destruction of macular drusen]	Anthem — SHBP UM	SURG.00070	
69799	Bone-Anchored and Bone Conduction Hearing Aids,	Anthem — SHBP UM	CG-SURG-82	
70450	CT head/brain, without contrast	Carelon Medical Benefits Management	RBM	
70545	MR angiography head, with contrast	Carelon Medical Benefits Management	RBM	
77299	Unlisted procedure, therapeutic radiology clinical treatment planning [when specified as plan for using an electrical	Anthem — SHBP UM	CG-DME-44	
78434	Absolute Quantitation of Myocardial Blood Flow Measurement- 7/1	Anthem — SHBP UM	RAD.00069	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg,	Anthem — SHBP UM	CG-GENE-14	
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	Anthem — SHBP UM	CG-GENE-14	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) [when specified as the following]:- Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic	Anthem — SHBP UM	CG-GENE-14	
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) [when specified as the	Anthem — SHBP UM	CG-GENE-14	
81406 (cont.)	IF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence (CG-GENE-13)- HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene	Anthem — SHBP UM	CG-GENE-14	
81406 (cont..)	PRKAG2 (protein kinase, AMP-activated, gamma 2 non-	Anthem — SHBP UM	CG-GENE-14	
81406 (cont...)	MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence (GENE.00033)- SH3TC2 (SHE domain and	Anthem — SHBP UM	CG-GENE-14	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) [when	Anthem — SHBP UM	CG-GENE-14	
81479	Unlisted molecular pathology procedure	Anthem — SHBP UM	CG-GENE-14	
86999	Unlisted transfusion medicine procedure [when specified as genetic modification of donor lymphocytes; Note this procedure is considered not medically necessary]	Anthem — SHBP UM	CG-TRANS-03	
90378	Palivizumab/ Respiratory syncytial virus immune globulin (RSV-	Anthem — SHBP UM	CC-0007	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule	Anthem — SHBP UM	CG-MED-70	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule	Anthem — SHBP UM	CG-MED-70	
91299	Unlisted diagnostic gastroenterology procedure [when specified as use of patency capsule]	Anthem — SHBP UM	CG-MED-70	
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Anthem — SHBP UM	CG-MED-73	
A0380	BLS (basic life support) mileage (per mile)	Anthem — SHBP UM	CG-ANC-06	
A0390	ALS (advanced life support) mileage (per mile)	Anthem — SHBP UM	CG-ANC-06	
A0425	Ground mileage, per statute mile	Anthem — SHBP UM	CG-ANC-06	
A0426	Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1)	Anthem — SHBP UM	CG-ANC-06	
A0428	Ambulance service, basic life support, non-emergency transport (BLS)			
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Anthem — SHBP UM	CG-ANC-04	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Anthem — SHBP UM	CG-ANC-04	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Anthem — SHBP UM	CG-ANC-06	
A0434	Specialty care transport (SCT)	Anthem — SHBP UM	CG-ANC-06	
A0435	Fixed wing air mileage, per statute mile	Anthem — SHBP UM	CG-ANC-04	
A0436	Rotary wing air mileage, per statute mile	Anthem — SHBP UM	CG-ANC-04	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate	Anthem — SHBP UM	CG-ANC-04	
A0998	Ambulance response and treatment, no transport	Anthem — SHBP UM	CG-ANC-06	
A0999	Unlisted ambulance service	Anthem — SHBP UM	CG-ANC-04	
A2001	Innovamatrix ac, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2002	Mirragen advanced wound matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2004	Xcellistem, per square centimeter	Anthem — SHBP UM	SURG.00011	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
A2005	Microlyte matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2006	Novosorb synpath dermal matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2007	Restrata, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2008	Theragenesis, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2009	Symphony, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2010	Apis, per square centimeter	Anthem — SHBP UM	SURG.00011	
A2011		Anthem — SHBP UM	SURG.00011	
A2012		Anthem — SHBP UM	SURG.00011	
A2013	InnovaMatrix FS, per square centimeter	Anthem — SHBP UM	SURG.00011	
A4100	Skin substitute, not otherwise specified [when describing a	Anthem — SHBP UM	SURG.00011	
A4335	Incontinence supply; miscellaneous [when specified as	Anthem — SHBP UM	SURG.00010	
A4542	External Upper Limb Stimulation for the Treatment of Tremors	Anthem — SHBP UM	DME.00049	
A4555	Electrode/transducer for use with electrical stimulation device	Anthem — SHBP UM	CG-DME-44	
A4575	Topical hyperbaric oxygen chamber, disposable Note: topical HBOT is considered not medically necessary	Anthem — SHBP UM	CG-MED-73	
A4604	Tubing with integrated heating element for use with positive	Carelon Medical Benefits Management	Sleep	
A4649	Implantable Shock Absorber for Treatment of Knee Osteoarthritis	Anthem — SHBP UM	SURG.00162	
A7025	High frequency chest wall oscillation system vest,	Anthem — SHBP UM	CG-DME-43	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Carelon Medical Benefits Management	Sleep	
A7028	Oral cushion for combination oral/nasal mask, replacement	Carelon Medical Benefits Management	Sleep	
A7029	Nasal pillows for combination oral/nasal mask, replacement	Carelon Medical Benefits Management	Sleep	
A7030	Full face mask used with positive airway pressure device,	Carelon Medical Benefits Management	Sleep	
A7031	Face mask interface, replacement for full face mask, each	Carelon Medical Benefits Management	Sleep	
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon Medical Benefits Management	Sleep	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon Medical Benefits Management	Sleep	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Carelon Medical Benefits Management	Sleep	
A7035	Headgear used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
A7036	Chinstrap used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
A7037	Tubing used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
A7038	Filter, disposable, used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
A7039	Filter, non-disposable, used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
A7044	Oral interface used with positive airway pressure device, each	Carelon Medical Benefits Management	Sleep	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Carelon Medical Benefits Management	Sleep	
A7046	Water chamber for humidifier, replacement, each	Carelon Medical Benefits Management	Sleep	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 millicurie [Lutathera]	Anthem — SHBP UM-UM	CC-0118	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries [Zevalin therapeutic]	Anthem — SHBP UM-UM	CC-0118	
A9590	Iodine I-131, iobenguane, 1 mCi [Azedra]	Anthem — SHBP UM-UM	CC-0118	
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie [Xofigo]	Anthem — SHBP UM-UM	CC-0112	
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Anthem — SHBP UM-UM	CC-0118	
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Anthem — SHBP UM	CG-MED-89	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Anthem — SHBP UM	CG-MED-89	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Anthem — SHBP UM	CG-MED-89	
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Anthem — SHBP UM	CG-MED-89	
B4178	Parenteral nutrition solution; amino acid, greater than 8.5%, (500 ml = 1 unit) - home mix	Anthem — SHBP UM	CG-MED-89	
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home	Anthem — SHBP UM	CG-MED-89	
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Anthem — SHBP UM	CG-MED-89	
B4187	Omegaven, 10 grams lipids	Anthem — SHBP UM	CG-MED-89	
B4189	Parenteral nutrition solution; compounded amino acid and	Anthem — SHBP UM	CG-MED-89	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,	Anthem — SHBP UM	CG-MED-89	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,	Anthem — SHBP UM	CG-MED-89	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,	Anthem — SHBP UM	CG-MED-89	
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day	Anthem — SHBP UM	CG-MED-89	
B4220	Parenteral nutrition supply kit; premix, per day	Anthem — SHBP UM	CG-MED-89	
B4224	Parenteral nutrition administration kit, per day	Anthem — SHBP UM	CG-MED-89	
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn-RF, NephrAmine, RenAmine - premix	Anthem — SHBP UM	CG-MED-89	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, HepatAmine – premix	Anthem — SHBP UM	CG-MED-89	
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - FreAmine-HBC - premix	Anthem — SHBP UM	CG-MED-89	
B9004	Parenteral nutrition infusion pump, portable	Anthem — SHBP UM	CG-MED-89	
B9006	Parenteral nutrition infusion pump, stationary	Anthem — SHBP UM	CG-MED-89	
B9999	NOC for parenteral supplies	Anthem — SHBP UM	CG-MED-89	
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Anthem — SHBP UM	CG-SURG-97	
C1722	Cardioverter-defibrillator, single chamber (implantable)	Anthem — SHBP UM	CG-SURG-98	
C1726	Catheter, balloon dilatation, non-vascular [when specified as a balloon sinus ostial dilation	Anthem — SHBP UM	CG-SURG-73	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
C1734	Implantable Shock Absorber for Treatment of Knee Osteoarthritis	Anthem — SHBP UM	SURG.00162	
C1764	Event recorder, cardiac (implantable)	Anthem — SHBP UM	CG-MED-74	
C1767	Generator, neurostimulator (implantable), nonrechargeable	Anthem — SHBP UM-UM	SURG.00158	
C1772	Infusion pump, programmable (implantable)	Anthem — SHBP UM	CG-SURG-79	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Anthem — SHBP UM	CG-SURG-97	
C1778	Lead, neurostimulator (implantable) [for phrenic nerve stimulator]	Anthem — SHBP UM	CG-MED-79, SURG.00007, SURG.00129, SURG.00158	
C1787	Patient programmer, neurostimulator	Anthem — SHBP UM	SURG.00129, SURG.00158	
C1789	Prosthesis, breast (implantable)	Anthem — SHBP UM	SURG.00023	
C1813	Prosthesis, penile, inflatable	Anthem — SHBP UM	CG-SURG-12, MCG GRG	
C1815	Prosthesis, urinary sphincter (implantable)	Anthem — SHBP UM	SURG.00010	
C1816	Receiver and/or transmitter, neurostimulator (implantable) [for phrenic nerve stimulator]	Anthem — SHBP UM	CG-MED-79	
C1818	Integrated keratoprosthesis	Anthem — SHBP UM	CG-SURG-94	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Carelon Medical Benefits Management	MSK	
C1821	Interspinous process distraction device (implantable)	Anthem — SHBP UM	SURG.00092	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Carelon Medical Benefits Management	MSK	
C1823	Generator; neurostimulator (implantable), non-rechargeable,	Anthem — SHBP UM	CG-MED-79	
C1824	Generator, cardiac contractility modulation (implantable)	Anthem — SHBP UM-UM	SURG.00153	
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Anthem — SHBP UM-UM	MED.00111□	
C1839	Iris prosthesis	Anthem — SHBP UM-UM	SURG.00156	
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Anthem — SHBP UM	CG-SURG-97	
C1883	Adapter/extension, pacing lead or neurostimulator lead	Anthem — SHBP UM	CG-SURG-95	
C1891	Infusion pump, nonprogrammable, permanent (implantable)	Anthem — SHBP UM	CG-SURG-79	
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Anthem — SHBP UM	CG-SURG-97	
C1896	Lead, cardioverter-defibrillator, other than endocardial single	Anthem — SHBP UM	CG-SURG-9	
C2596	Probe, image-guided, robotic, waterjet ablation	Anthem — SHBP UM	SURG.00028	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Anthem — SHBP UM	CG-SURG-78	
C2622	Prosthesis, penile, non-inflatable	Anthem — SHBP UM	CG-SURG-12; MCG GRG	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Anthem — SHBP UM	MED.00115	
C2626	Infusion pump, nonprogrammable, temporary (implantable)	Anthem — SHBP UM	CG-SURG-79	
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm	Anthem — SHBP UM	SURG.00011	
C5272	Application of low cost skin substitute graft to trunk, arms,	Anthem — SHBP UM	SURG.00011	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Anthem — SHBP UM	SURG.00011	
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	Anthem — SHBP UM	SURG.00011	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Anthem — SHBP UM	SURG.00011	
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Anthem — SHBP UM	SURG.00011	
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	Anthem — SHBP UM	SURG.00011	
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits total wound surface area greater than or	Anthem — SHBP UM	SURG.00011	
C9003	Synarel NS	?	CG-SURG-27	
C9047	Caplacizumab-ydhp	Carelon Rx	CC-0137	
C9075	Casimersen	Carelon Rx	CC-0189	
C9077	Cabenuva	Carelon Rx	CC-0194	
C9079	Evinacumab	Carelon Rx	CC-0193	
C9399	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	Anthem — SHBP UM	MED.00147	
C9064, C9399,	Jelmyto, Unclassified drugs or biologicals [when specified as etranacogene dezaparvovec-drlb (Hemgenix)]	Anthem — SHBP UM	CC-0164, MED.00135	
C9065, C9399, J3490, J3590,	Istodax, Unclassified drugs or biologicals [when specified as etranacogene dezaparvovec-drlb (Hemgenix)]	Anthem — SHBP UM	CC-0100, MED.00135	
C9066, C9399, J3490, J3590,	Trodelvy, Unclassified drugs or biologicals [when specified as etranacogene dezaparvovec-drlb (Hemgenix)]	Anthem — SHBP UM	CC-0165, MED.00135	
C9257	Bevacizumab	Carelon Rx	CC-0072	
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length	Anthem — SHBP UM	SURG.00011	
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length	Anthem — SHBP UM	SURG.00011	
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	Anthem — SHBP UM	SURG.00011	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length	Anthem — SHBP UM	SURG.00011	
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter	Anthem — SHBP UM	SURG.00011	
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	Anthem — SHBP UM	SURG.00011	
C9359	Porous purified collagen matrix bone void filler (Integra	Carelon Medical Benefits Management	MSK	
C9360	Dermal substitute, native, non-denatured collagen, neonatal	Anthem — SHBP UM	SURG.00011	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve	Anthem — SHBP UM	SURG.00011	
C9362	Porous purified collagen matrix bone void filler (Integra	Carelon Medical Benefits Management	MSK	
C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
C9364	Porcine implant, Permacol, per square centimeter	Anthem — SHBP UM	SURG.00011	
C9399	Unclassified drugs or biologicals [when specified as delandistrogene moxeparvovec-rokl (ELEVIDYS)]	Anthem — SHBP UM	SURG.00011, CC-0003, CC-0038, CC-0042, CC-0062, CC-0066, CC-0077, CC-0170, CC-0172, CC-0174, CC-0185, CC-0189, CC-0190, CC-0193, CC-0199,	
C9399,	Cutaquig	Anthem — SHBP UM	CC-0003	
C9727	Insertion of implants into the soft palate; minimum of 3 implants	Anthem — SHBP UM	SURG.00129	



Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic	Anthem — SHBP UM	MED.00057	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Anthem — SHBP UM	SURG.00028	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Anthem — SHBP UM	SURG.00028	
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	Anthem — SHBP UM	MED.00057	
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Anthem — SHBP UM	CG-SURG-87	
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent [Note: code effective 01/01/2021]	Anthem — SHBP UM	MED.00120	
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Anthem — SHBP UM-UM	SURG.00157	
D7810	Open reduction of dislocation	Anthem — SHBP UM	CG-SURG-09	
D7820	Closed reduction of dislocation	Anthem — SHBP UM	CG-SURG-09	
D7830	Manipulation under anesthesia	Anthem — SHBP UM	CG-SURG-09	
D7840	Condylectomy	Anthem — SHBP UM	CG-SURG-09	
D7850	Surgical discectomy, with/without implant	Anthem — SHBP UM	CG-SURG-09	
D7852	Disc repair	Anthem — SHBP UM	CG-SURG-09	
D7854	Synovectomy	Anthem — SHBP UM	CG-SURG-09	
D7856	Myotomy	Anthem — SHBP UM	CG-SURG-09	
D7858	Joint reconstruction	Anthem — SHBP UM	CG-SURG-09	
D7860	Arthrotomy	Anthem — SHBP UM	CG-SURG-09	
D7865	Arthroplasty	Anthem — SHBP UM	CG-SURG-09	
D7870	Arthrocentesis	Anthem — SHBP UM	CG-SURG-09	
D7871	Nonarthroscopic lysis and lavage	Anthem — SHBP UM	CG-SURG-09	
D7873	Arthroscopy- surgical: lavage and lysis of adhesions	Anthem — SHBP UM	CG-SURG-09	
D7874	Arthroscopy- surgical: disc repositioning and stabilization	Anthem — SHBP UM	CG-SURG-09	
D7875	Arthroscopy- surgical: synovectomy	Anthem — SHBP UM	CG-SURG-09	
D7876	Arthroscopy- surgical: discectomy	Anthem — SHBP UM	CG-SURG-09	
D7877	Arthroscopy- surgical: debridement	Anthem — SHBP UM	CG-SURG-09	
D7880	Occlusal orthotic device, by report [for example, TMJ splints]	Anthem — SHBP UM	CG-SURG-09	
D7899	Unspecified TMD therapy, by report	Anthem — SHBP UM	CG-SURG-09	
D7940	Osteoplasty, for orthognathic deformities	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7941	Osteotomy - mandibular rami	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7943	Osteotomy - mandibular rami with bone graft; includes	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7944	Osteotomy-segmented or subapical	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7945	Osteotomy, body of mandible	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7946	LeFort I (maxilla, total)	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7947	LeFort I (maxilla, segmented)	Anthem — SHBP UM	CG-SURG-84, SURG.00129	
D7949	LeFort II or LeFort III, with bone graft	Anthem — SHBP UM	CG-SURG-84	
D7950	Osseous, osteoperiosteal, or cartilage graft of themandible or maxilla, autogenous or nonautogenous, by report	Anthem — SHBP UM	CG-SURG-84	
D7984	NOT FOUND	Anthem — SHBP UM	CG-SURG-84	
D7995	Synthetic graft, mandible or facial bones, by report	Anthem — SHBP UM	CG-SURG-84	
D7996	Implant, mandible for augmentation purposes (excluding	Anthem — SHBP UM	CG-SURG-84	
D9748	NOT FOUND	Anthem — SHBP UM	CG-SURG-84	
D9950	Occlusion analysis- mounted case	Anthem — SHBP UM	CG-SURG-09	
D9951	Occlusal adjustment- limited	Anthem — SHBP UM	CG-SURG-09	
D9952	Occlusal adjustment- complete	Anthem — SHBP UM	CG-SURG-09	
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with non-invasive interface (nasal or facial mask)	Carelon Medical Benefits Management	Sleep	
E0471	Respiratory assist device, bi-level pressure capability, with	Carelon Medical Benefits Management	Sleep	
E0483	High frequency chest wall oscillation air-pulse generator	Anthem — SHBP UM	CG-DME-43	
E0485	Oral device/appliance used to reduce upper airway	Carelon Medical Benefits Management	Sleep	
E0486	Oral device/appliance used to reduce upper airway	Carelon Medical Benefits Management	Sleep	
E0490, E0491, E0492, and E0493	Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring	Anthem — SHBP UM	DME.00043	
E0561	Humidifier, non-heated, used with positive airway pressure	Carelon Medical Benefits Management	Sleep	
E0562	Humidifier, heated, used with positive airway pressure device	Carelon Medical Benefits Management	Sleep	
E0601	Single level continuous positive airway pressure device or	Carelon Medical Benefits Management	Sleep	
E0616	Implantable cardiac event recorder with memory, activator	Anthem — SHBP UM	CG-MED-74	
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels [when specified as standing system]	Anthem — SHBP UM	DME.00049	
E0638	Standing frame/table system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels	Anthem — SHBP UM	DME.00049	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Anthem — SHBP UM	DME.00049	
E0642	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Anthem — SHBP UM	DME.00049	
E0650	Pneumatic compressor, non-segmental home model	Anthem — SHBP UM	CG-DME-06	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Anthem — SHBP UM	CG-DME-06	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Anthem — SHBP UM	CG-DME-06	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Anthem — SHBP UM	CG-DME-06	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Anthem — SHBP UM	CG-DME-06	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Anthem — SHBP UM	CG-DME-06	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem — SHBP UM	CG-DME-06	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem — SHBP UM	CG-DME-06	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem — SHBP UM	CG-DME-06	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem — SHBP UM	CG-DME-06	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem — SHBP UM	CG-DME-06	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem — SHBP UM	CG-DME-06	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and	Anthem — SHBP UM	CG-DME-06	
E0671	Segmental gradient pressure pneumatic appliance, full leg	Anthem — SHBP UM	CG-DME-06	
E0672	Segmental gradient pressure pneumatic appliance, full arm	Anthem — SHBP UM	CG-DME-06	
E0673	Segmental gradient pressure pneumatic appliance, half leg	Anthem — SHBP UM	CG-DME-06	
E0734	External Upper Limb Stimulation for the Treatment of Tremors	Anthem — SHBP UM	DME.00049	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
E0745	Neuromuscular stimulator, electronic shock unit	Anthem — SHBP UM	DME.00022	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Anthem — SHBP UM	CG-DME-40	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Carelon Medical Benefits Management	MSK	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Anthem — SHBP UM	CG-DME-45	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with	Anthem — SHBP UM	DME.00022	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Anthem — SHBP UM	CG-DME-44	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Anthem — SHBP UM	DME.00022	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	Anthem — SHBP UM	CG-SURG-79	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Anthem — SHBP UM	CG-SURG-79	
E1002	Wheelchair accessory, power seating system, tilt only	Anthem — SHBP UM	CG-DME-31	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Anthem — SHBP UM	CG-DME-31	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Anthem — SHBP UM	CG-DME-31	
E1005	Wheelchair accessory, power seatng System, recline only, with power shear reduction	Anthem — SHBP UM	CG-DME-31	
E1006	Wheelchair accessory, power seating system, combination	Anthem — SHBP UM	CG-DME-31	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Anthem — SHBP UM	CG-DME-31	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Anthem — SHBP UM	CG-DME-31	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod	Anthem — SHBP UM	CG-DME-31	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Anthem — SHBP UM	CG-DME-31	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Anthem — SHBP UM	CG-DME-31	
E1230	Power operated vehicle (3- or 4-wheel nonhighway, specify brand name and model number	Anthem — SHBP UM	CG-DME-31	
E1239	Power wheelchair, pediatric size, not otherwise specified	Anthem — SHBP UM	CG-DME-31	
E1399	Durable medical equipment, miscellaneous [when specified as a dynamic LLPS device, for example Carpal Tunnel Dynasplint System] & [when specified as an ultrasonic diathermy treatment device for home use]	Anthem — SHBP UM	CG-DME-06, DME.00022, DME.00041, SURG.00007	
E1399	Robotic Arm Assistive Devices	Anthem — SHBP UM	DME.00044	
E1700	Jaw motion rehabilitation system [Note: jaw motion rehabilitation systems and supplies are considered not medically necessary]	Anthem — SHBP UM	CG-SURG-09	
E1701	Replacement cushions for jaw motion rehabilitation system,	Anthem — SHBP UM	CG-SURG-09	
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	Anthem — SHBP UM	CG-SURG-09	
E2230	Manual wheelchair accessory, manual standing system	Anthem — SHBP UM	DME.00049	
E2300	Power wheelchair accessory, power seat elevation system	Anthem — SHBP UM	CG-DME-31	
E2301	Power wheelchair accessory, power standing system	Anthem — SHBP UM	DME.00049	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Anthem — SHBP UM	CG-DME-07	
E2500	Speech generating device, digitized speech, using pre- recorded messages, less than or equal to eight minutes recording time	Anthem — SHBP UM	CG-DME-07	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Anthem — SHBP UM	CG-DME-07	
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Anthem — SHBP UM	CG-DME-07	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	Anthem — SHBP UM	CG-DME-07	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical	Anthem — SHBP UM	CG-DME-07	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple	Anthem — SHBP UM	CG-DME-07	
E2511	Speech generating software program, for personal computer or personal digital assistant	Anthem — SHBP UM	CG-DME-07	
E2512	Accessory for speech generating device, mounting system	Anthem — SHBP UM	CG-DME-07	
E2599	Accessory for speech generating device, not otherwise specified	Anthem — SHBP UM	CG-DME-07	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or	Carelon Medical Benefits Management	MSK	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Anthem — SHBP UM	CG-MED-73	
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage	Carelon Medical Benefits Management	MSK	
G0297	Low dose CT scan (LDCT) for lung cancer screening	Carelon Medical Benefits Management	RBM	
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Anthem — Transplant	TRANS.00010	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Anthem — Transplant	TRANS.00010	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Anthem — Transplant	TRANS.00010	
G0398	Home sleep study with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Carelon Medical Benefits Management	Sleep	
G0399	Home sleep study with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Carelon Medical Benefits Management	Sleep	
G0400	Home sleep study with type IV portable monitor, unattended; minimum of 3 channels	Carelon Medical Benefits Management	Sleep	
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Carelon Medical Benefits Management	MSK	
G0448	Insertion or replacement of a permanent pacing cardioverter- defibrillator system with transvenous lead(s), single or dual	Anthem — SHBP UM	CG-SURG-97	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
H0035	Behavioral, Partial Hospitalization	Anthem-SHBP UM	ANAPHP	
J0129	Abatacept	Carelon Rx	CC-0078	
J0135	Adalimumab	Carelon Rx	CC-0062	
J0172	Injection, aducanumab-avwa, 2 mg Aduhelm	Anthem- Anthem — SHBP UM UM	CC-0200	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
J0174	Leqembi (lecanemab-irmb)	Carelon Rx	CC-0228	
J0178	Aflibercept	Carelon Rx	CC-0072	
J0179	Brolucizumab-dbll	Carelon Rx	CC-0072	
J0180	Agalsidase Beta	Carelon Rx	CC-0021	
J0202	Alemtuzumab	Carelon Rx	CC-0009	
J0207	Ethyol	Anthem — SHBP UM	CC-0155	
J0221	Alglucosidase alfa	Carelon Rx	CC-0018	
J0222	Patisiran	Carelon Rx	CC-0082	
J0223	Givosiran	Carelon Rx	CC-0154	
J0256	Alpha 1 proteinase inhibitor	Carelon Rx	CC-0073	
J0257	Alpha 1 proteinase inhibitor	Carelon Rx	CC-0073	
J0485	Belatacept	Carelon Rx	CC-0076	
J0490	Belimumab	Carelon Rx	CC-0028	
J0517	Benralizumab	Carelon Rx	CC-0043	
J0565	Zinplava (Bezlotoxumab)	Carelon Rx	CC-0046	
J0567	Cerliponase Alfa	Carelon Rx	CC-0012	
J0570	Probuphine pellet	Carelon Rx	CC-0030	
J0584	Burosumab-twza	Carelon Rx	CC-0081	
J0585	OnabotulinumtoxinA	Carelon Rx	CC-0032	
J0586	AbobotulinumtoxinA	Carelon Rx	CC-0032	
J0587	RimabotulinumtoxinB	Carelon Rx	CC-0032	
J0588	IncobotulinumtoxinA	Carelon Rx	CC-0032	
J0593	Lanadelumab-flyo	Carelon Rx	CC-0034	
J0596	Recombinant C1esterase inhibitor	Carelon Rx	CC-0034	
J0597	C1 esterase inhibitor (human)	Carelon Rx	CC-0034	
J0598	C1 esterase inhibitor (human)	Carelon Rx	CC-0034	
J0599	C1 esterase inhibitor (human)	Carelon Rx	CC-0034	
J0638	Canakinumab	Carelon Rx	CC-0064	
J0641	Fusilev	Anthem — SHBP UM	CC-0104	
J0642	Khapzory	Anthem — SHBP UM	CC-0104	
J0717	Certolizumab pegol	Carelon Rx	CC-0062	
J0725	Pregnyl, Novarel, Chorionic Gonadotropin, Ovidrel	Anthem — SHBP UM	CC-0015	
J0741	Cabenuva, cabotegravir extended-release	Carelon Rx	CC-0194	
J0775	Clostridial collagenase histolyticum	Carelon Rx	CC-0017	
J0791	Crizanlizumab	Carelon Rx	CC-0153	
J0800	Repository corticotropin injection	Carelon Rx	CC-0004	
J0881, J0882	Aranesp (Darbepoetin alfa)	Anthem — SHBP UM	CC-0001	
J0885	Epogen Non ESRD/ Procrit Non ESRD	Anthem — SHBP UM	CC-0001	
J0887	Epoetin beta	Carelon Rx	CC-0001	
J0888	Epoetin beta	Carelon Rx	CC-0001	
J0896	Luspatercept	Carelon Rx	CC-0156	
J0897	Prolia/ Xgeva (Denosumab)	Carelon Rx	CC-0027	
J1290	Ecallantide	Carelon Rx	CC-0034	
J1299	Eculizumab	Carelon Rx	CC-0041	
J1301	Edaravone	Carelon Rx	CC-0049	
J1303	Ravulizumab-cwvz	Carelon Rx	CC-0041	
J1306	Leqvio (inclisiran)	Carelon Rx	CC-0209	
J1322	Elosulfase Alfa	Carelon Rx	CC-0022	
J1325	Epoprostenol	Carelon Rx	CC-0067	
J1413	Injection, delandistrogene moxeparvovec-rokl	Anthem — SHBP UM-UM	MED.00144	
J1427	Viltolarsen	Carelon Rx	CC-0172	
J1428	Eteplirsen	Carelon Rx	CC-0044	
J1429	Golodirsen	Carelon Rx	CC-0152	
J1437	Ferric derisomaltose	Carelon Rx	CC-0182	
J1438	Etanercept	Carelon Rx	CC-0062	
J1439	Ferric Injection	Carelon Rx	CC-0182	
J1442	Neupogen (Filgrastim)	Anthem — SHBP UM	CC-0002	
J1447	Granix (Tbo-filgrastim)	Anthem — SHBP UM	CC-0002	
J1449	Rolvedon (eflapegrastim-xnst)	Carelon Rx	CC-0002	
J1454	Akynzeo, IV	Anthem — SHBP UM	CC-0074	
J1458	Galsulfase	Carelon Rx	CC-0023	
J1459	Immune globulin	Carelon Rx	CC-0003	
J1460, J1560	Gamastan S/D Immune globulin	Anthem — SHBP UM	CC-0039	
J1469	Privigen	Anthem — SHBP UM	CC-0003	
J1551	Cutaquig (immune globulin (human)-hipp)	Carelon Rx	CC-0003	
J1554	Immune globulin	Carelon Rx	CC-0003	
J1555	Immune globulin (Cuvitru)	Carelon Rx	CC-0003	
J1556	Immune globulin	Carelon Rx	CC-0003	
J1556, J1599	Bivigam	Anthem — SHBP UM	CC-0003	
J1557	Gammaplex (Immune globulin)	Carelon Rx	CC-0003	
J1558	Xembify (Immune globulin)	Carelon Rx	CC-0003	
J1559	Hizentra (Immune globulin)	Carelon Rx	CC-0003	
J1560	Gamastan (Immune globulin)	Carelon Rx	CC-0003, CC-0039	
J1561	Gammaked/ Gamunex (Immune globulin)	Carelon Rx	CC-0003	
J1566	Carimune Nanofiltered/ Gammagard S/D IGA less than 1mcg/ml	Carelon Rx	CC-0003	
J1568	Octagam (Immune globulin)	Carelon Rx	CC-0003	
J1569	Gammagard Liquid (Immune globulin) Flebogamma Dif (Immune globulin)	Carelon Rx	CC-0003	
J1572	HyQvia (Immune globulin)	Carelon Rx	CC-0003	
J1575		Carelon Rx	CC-0003	
J1576	Panzyga (immune globulin)	Carelon Rx	CC-0003	
J1595	Glatiramer Acetate	Carelon Rx	CC-0014	
J1599	(Panzyga/ Asceniv) Immune globulin	Carelon Rx	CC-0003	
J1602	Golimumab	Carelon Rx	CC-0062	
J1628	Guselkumab	Carelon Rx	CC-0050	
J1632	Brexanolone	Carelon Rx	CC-0140	
J1675	Histrelin acetate	Carelon Rx	CC-0061	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
J1743	Idursulfase	Carelon Rx	CC-0024	
J1744	Icatibant	Carelon Rx	CC-0034	
J1745	Infliximab	Carelon Rx	CC-0062	
J1746	Ibalizumab-uiyk	Carelon Rx	CC-0047	
J1750	Iron Dextran	Carelon Rx	CC-0182	
J1756	Iron Sucrose	Carelon Rx	CC-0182	
J1786	Imiglucerase	Carelon Rx	CC-0051	
J1823	Inebilizumab-cdon	Carelon Rx	CC-0170	
J1826	Interferon beta-1a	Carelon Rx	CC-0014	
J1830	Interferon beta-1b	Carelon Rx	CC-0014	
J1930	Somatuline Depot (Lanteotide)	Carelon Rx	CC-0142	
J1931	Laronidase	Carelon Rx	CC-0025	
J1950	Leuprolide acetate/ Fensolvi	Anthem — SHBP UM	CC-0061, CC-0015, CG-SURG-27	
J2170	Mecasermin	Carelon Rx	CC-0068	
J2182	Mepolizumab	Carelon Rx	CC-0043	
J2278	Ziconotide Intrathecal Infusion	Carelon Rx	CC-0040	
J2323	Natalizumab	Carelon Rx	CC-0020	
J2326	Injection, nusinersen, 0.1 mg	Anthem — SHBP UM	CC-0048	
J2329	Briumvi (ublituximab)	Carelon Rx	CC-0227	
J2350	Ocrelizumab	Carelon Rx	CC-0011	
J2353	Sandostatin LAR Depot (Octreotide)	Carelon Rx	CC-0058	
J2354	Bynfezia Pen/ Sandostatin (Octreotide Agents)	Carelon Rx	CC-0058	
J2357	Omalizumab	Carelon Rx	CC-0033	
J2503	Pegaptanib	Carelon Rx	CC-0072	
J2506	Neulasta (Pegfilgrastim)	Anthem — SHBP UM	CC-0002	
J2507	Pegloticase	Carelon Rx	CC-0057	
J2562	Mozobil (Plerixafor)	Anthem — SHBP UM	CC-0089	
J2777	Vabysmo (faricimab-svoa)	Carelon Rx	CC-0072	
J2778	Ranibizumab	Carelon Rx	CC-0072	
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Anthem — SHBP UM-UM	SURG.00160	
J2786	Reslizumab	Carelon Rx	CC-0043	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Anthem — SHBP UM	CG-SURG-105	
J2793	Rilonacept	Carelon Rx	CC-0064	
J2796	Nplate (Romiplostim)	Carelon Rx	CC-0111	
J2820	Leukine/ Prokine (Sargramostim)	Carelon Rx	CC-0002	
J2840	Sebelipase alfa	Carelon Rx	CC-0037	
J2860	Sylvant	Anthem — SHBP UM	CC-0113	
J2916	Ferric Gluconate	Carelon Rx	CC-0182	
J2940	Somatrem	Carelon Rx	CC-0068	
J2941	Somatropin/ Omnitrope/ Somatropin recombinant	Carelon Rx	CC-0068	
J3032	Eptinezumab	Carelon Rx	CC-0160	
J3060	Taliglucerase alfa	Carelon Rx	CC-0051	
J3110	Teriparatide	Carelon Rx	CC-0038	
J3111	Romosozumab-aqqg	Carelon Rx	CC-0139	
J3241	Teprotumumab-trbw	Carelon Rx	CC-0162	
J3245	Tildrakizumab-asmn	Carelon Rx	CC-0050	
J3262	Actemra (Tocilizumab)	Carelon Rx	CC-0066	
J3285	Treprostinil	Carelon Rx	CC-0067	
J3304	Traiamcinolone Acetonide	Carelon Rx	CC-0177	
J3315	Triptorelin pamoate	Carelon Rx	CC-0061	
J3316	Triptorelin extended release, Triptodur	Anthem — SHBP UM	CC-0061, CG-SURG-27	
J3355	Bravelle	Anthem — SHBP UM	CC-0015	
J3357	Ustekinumab	Carelon Rx	CC-0063	
J3358	Ustekinumab	Carelon Rx	CC-0063	
J3380	Vedolizumab	Carelon Rx	CC-0071	
J3385	Velaglucerase alfa	Carelon Rx	CC-0051	
J3397	Vestronidase alfa	Carelon Rx	CC-0013	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector	Anthem — SHBP UM	MED.00120	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	Anthem — SHBP UM	MED.00129	
J3489	Zoledronic Acid	Carelon Rx	CC-0019	
J3490	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	Anthem — SHBP UM	MED.00147	
J3490	Unclassified drugs	Anthem — SHBP UM	MED.00120, MED.00129, CC-0168,	
J3490	Milprosa	Anthem — SHBP UM	CC-0015	
J3490	Cetrotide	Anthem — SHBP UM	CC-0015	
J3490	Crinone	Anthem — SHBP UM	CC-0015	
J3490	Endometrin	Anthem — SHBP UM	CC-0015	
J3490	Prochieve	Anthem — SHBP UM	CC-0015	
J3490	Synarel Nasal Spray	Anthem — SHBP UM	CC-0061	
J3490, J3590	Setmelanotide	Anthem — SHBP UM	CC-0188	
J3490, J3590	Briumvi, Casimersen, Fosdenopterin	Carelon Rx	CC-0189, CC-0190	
J3490	Unclassified drugs [when specified as delandistrogene moxeparvovec-rokl (ELEVIDYS)]	Anthem — SHBP UM-UM	MED.00144	
J3490	Eylea HD (aflibercept)	Carelon Rx	CC-0072	
J3490	Kesimpta (ofatumumab)	Carelon Rx	CC-0174	
J3590	Unclassified biologics used in Medical care	Carelon Rx	CC-0002, CC-0003, CC-0010,	
J3590	Tecartus (brexucabtagene autoleucl)	Anthem — Transplant	CC-0168	
J3590	Unclassified biologics [when specified as delandistrogene moxeparvovec-rokl (ELEVIDYS)]	Anthem — SHBP UM-UM	MED.00144	
J7170	Emicizumab-kxwh	Carelon Rx	CC-0065	
J7175	Factor X	Carelon Rx	CC-0149	
J7177	Human fibrinogen	Carelon Rx	CC-0149	
J7178	Fibrinogen concentrate	Carelon Rx	CC-0149	
J7179	Von Willebrand Factor	Carelon Rx	CC-0065	
J7180	Factor XIII concentrate (human)	Carelon Rx	CC-0149	
J7181	Coagulation factor XIII A-subunit (recombinant)	Carelon Rx	CC-0149	
J7182	Factor VIII (antihemophilic factor, recombinant)	Carelon Rx	CC-0065	
J7183	Antihemophilic factor VIII	Carelon Rx	CC-0065	



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J7185	Factor VIII (antihemophilic factor, recombinant)	Carelon Rx	CC-0065	
J7186	Antihemophilic factor VIII	Carelon Rx	CC-0065	
J7187	Antihemophilic factor VIII	Carelon Rx	CC-0065	
J7188	Antihemophilic Factor VIII	Carelon Rx	CC-0065	
J7189	Factor VIIa Recombinant	Carelon Rx	CC-0149	
J7190	(Factor VIII) human plasma-derived	Carelon Rx	CC-0065	
J7191	Antihemophilic Factor VIII	Carelon Rx	CC-0065	
J7192	Factor VIII (antihemophilic factor, recombinant)	Carelon Rx	CC-0065	
J7193	Coagulation factor IX (human)	Carelon Rx	CC-0148	
J7194	Factor IX Complex Human	Carelon Rx	CC-0148	
J7195	Factor IX Recombinant/ Factor IX	Carelon Rx	CC-0148	
J7198	Anti-inhibitor coagulant complex	Carelon Rx	CC-0149	
J7200	Factor IX Recombinant	Carelon Rx	CC-0148	
J7201	Recombinant Coagulation Factor IX	Carelon Rx	CC-0148	
J7202	Factor IX	Carelon Rx	CC-0148	
J7203	GlycoPEGylated	Carelon Rx	CC-0148	
J7204	Factor VIII Recombinant, glycopegylated)	Carelon Rx	CC-0065	
J7205	Recombinant Antihemophilic Factor	Carelon Rx	CC-0065	
J7207	Factor VII	Carelon Rx	CC-0065	
J7208	factor VIII, recombinant, pegylated-aucl	Carelon Rx	CC-0065	
J7209	Factor VIII, (antihemophilic factor, recombinant)	Carelon Rx	CC-0065	
J7210	Antihemophilic Factor (Recombinant) Single Chain	Carelon Rx	CC-0065	
J7211	Factor VIII, (antihemophilic factor, recombinant	Carelon Rx	CC-0065	
J7212	Factor VIIa Recominant	Carelon Rx	CC-0149	
J7311	Fluocinolone acetonide, intravitreal implant	Carelon Rx	CC-0031	
J7312	Dexamethasone intravitreal implant	Carelon Rx	CC-0031	
J7313	Fluocinolone acetonide, intravitreal implant	Carelon Rx	CC-0031	
J7314	Fluocinolone acetonide	Carelon Rx	CC-0031	
J7316	Ocriplasmin	Carelon Rx	CC-0070	
J7330	Autologous cultured chondrocytes, implant	Anthem — SHBP UM	Carelon Medical Benefits Management	
J7340	Levodopa / carbidopa	Carelon Rx	CC-0035	
J7351	Bimatoprost implant	Carelon Rx	CC-0163	
J7352	Afamelanotide	Carelon Rx	CC-0159	
J7686	Treprostinil	Carelon Rx	CC-0067	
J7999	Naltrexone pellet	Carelon Rx	CC-0036	
J9019	Erwinaze	Anthem — SHBP UM	CC-0096	
J9022	Tecentriq	Anthem — SHBP UM	CC-0128	
J9023	Bavencio	Anthem — SHBP UM	CC-0129	
J9033	Treanda	Anthem — SHBP UM	CC-0116	
J9034	Bendeka	Anthem — SHBP UM	CC-0116	
J9035	Avastin (Bevacizumab)	Carelon Rx	CC-0072	
J9036	Belrapzo	Anthem — SHBP UM	CC-0116	
J9039	Blinicyto	Anthem — SHBP UM	CC-0126	
J9042	Adcetris	Anthem — SHBP UM	CC-0092	
J9043	Jevtana	Anthem — SHBP UM	CC-0114	
J9047	Kyprolis	Anthem — SHBP UM	CC-0120	
J9055	Erbitux	Anthem — SHBP UM	CC-0106	
J9057	Aliqopa	Anthem — SHBP UM	CC-0133	
J9063	Elahere (mirvetuximab)	Anthem — SHBP UM	CC-0226	
J9118	Asparlas	Anthem — SHBP UM	CC-0096	
J9119	Libtayo	Anthem — SHBP UM	CC-0145	
J9145	Darzalex	Anthem — SHBP UM	CC-0127	
J9173	Imfinzi	Anthem — SHBP UM	CC-0130	
J9176	Empliciti	Anthem — SHBP UM	CC-0117	
J9177	Padcev	Anthem — SHBP UM	CC-0157	
J9179	Halaven	Anthem — SHBP UM	CC-0108	
J9202	Goserelin acetate, Zoladex	Anthem — SHBP UM	CC-0061, CG-SURG-27	
J9203	Mylotarg	Anthem — SHBP UM	CC-0132	
J9207	Ixempra	Anthem — SHBP UM	CC-0090	
J9210	Emapalumab-lzsg	Carelon Rx	CC-0087	
J9216	Actimmune	Anthem — SHBP UM	CC-0085	
J9217	Lupron Depot, Depot-Ped, Lupaneta Pack	Anthem — SHBP UM	CC-0061, CG-SURG-27	
J9218	Lupron Depot	Anthem — SHBP UM	CC-0061	
J9225	Vantas	Anthem — SHBP UM	CC-0061, CG-SURG-27	
J9226	Supprelin LA	Anthem — SHBP UM	CC-0061, CG-SURG-27	
J9227	Sarclisa	Anthem — SHBP UM	CC-0161	
J9228	Yervoy	Anthem — SHBP UM	CC-0119	
J9229	Besponsa	Anthem — SHBP UM	CC-0131	
J9264	Abraxane	Anthem — SHBP UM	CC-0099	
J9266	Oncaspar	Anthem — SHBP UM	CC-0096	
J9269	Elzonris	Anthem — SHBP UM	CC-0088	
J9271	Keytruda	Anthem — SHBP UM	CC-0124	
J9285	Lartruvo	Anthem — SHBP UM	CC-0091	
J9299	Opdivo	Anthem — SHBP UM	CC-0125	
J9301	Gazyva	Anthem — SHBP UM	CC-0121	
J9302	Arzerra	Anthem — SHBP UM	CC-0122	
J9303	Vectibix	Anthem — SHBP UM	CC-0105	
J9305	Alimta	Anthem — SHBP UM	CC-0094	
J9306	Perjeta	Anthem — SHBP UM	CC-0110	
J9308	Cyramza	Anthem — SHBP UM	CC-0123	
J9309	Polivy	Anthem — SHBP UM	CC-0143	
J9312	Rituximab	Carelon Rx	CC-0075	
J9313	Lumoxiti	Anthem — SHBP UM	CC-0144	
J9325	Imlygic	Anthem — SHBP UM	CC-0135	
J9332	Vyvgart	Carelon Rx	CC-0207	

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J9354	Kadcyla	Anthem — SHBP UM	CC-0115	
J9358	Enhertu	Anthem — SHBP UM	CC-0158	
J9395	Faslodex	Anthem — SHBP UM	CC-0103	
J9400	Zaltrap	Anthem — SHBP UM	CC-0109	
J9999	Tecartus (brexucabtagene autoleucel)	Anthem — SHBP UM	CC-0168	
K0010	Standard-weight frame motorized/power wheelchair	Anthem — SHBP UM	CG-DME-31	
K0011	Standard-weight frame motorized/power wheelchair with	Anthem — SHBP UM	CG-DME-31	
K0012	Lightweight portable motorized/power wheelchair	Anthem — SHBP UM	CG-DME-31	
K0013	Custom motorized/power wheelchair base	Anthem — SHBP UM	CG-DME-31	
K0014	Other motorized/power wheelchair base	Anthem — SHBP UM	CG-DME-31	
K0800	Power operated vehicle, group 1 standard, patient weight	Anthem — SHBP UM	CG-DME-31	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight	Anthem — SHBP UM	CG-DME-31	
K0802	Power operated vehicle, group 1 very heavy-duty, patient	Anthem — SHBP UM	CG-DME-31	
K0806	Power operated vehicle, group 2 standard, patient weight	Anthem — SHBP UM	CG-DME-31	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight	Anthem — SHBP UM	CG-DME-31	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0812	Power operated vehicle, not otherwise classified	Anthem — SHBP UM	CG-DME-31	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0820	Power wheelchair, group 2 standard, portable, sling/solid	Anthem — SHBP UM	CG-DME-31	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450	Anthem — SHBP UM	CG-DME-31	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem — SHBP UM	CG-DME-31	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair,	Anthem — SHBP UM	CG-DME-31	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem — SHBP UM	CG-DME-31	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450	Anthem — SHBP UM	CG-DME-31	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem — SHBP UM	CG-DME-31	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	Anthem — SHBP UM	CG-DME-31	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601	Anthem — SHBP UM	CG-DME-31	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0877	Power wheelchair, group 4 standard/heavy-duty/very heavy- duty	Anthem — SHBP UM	CG-DME-31	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Anthem — SHBP UM	CG-DME-31	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem — SHBP UM	CG-DME-31	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem — SHBP UM	CG-DME-31	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem — SHBP UM	CG-DME-31	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem — SHBP UM	CG-DME-31	
K0898	Power wheelchair, not otherwise classified	Anthem — SHBP UM	CG-DME-31	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Anthem — SHBP UM	CG-DME-31	
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Anthem — SHBP UM-UM	DME.00041	
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Anthem — SHBP UM-UM	SURG.00153	
K1024	Pneumatic Compression Devices for Lymphedema, Nonpneumatic compression controller with sequential calibrated gradient pressure	Anthem — SHBP UM	CG-DME-06	
K1025	Pneumatic Compression Devices for Lymphedema, Nonpneumatic sequential compression garment, full arm	Anthem — SHBP UM	CG-DME-06	
K1031	Non-pneumatic compression controller without calibrated gradient pressure	Anthem — SHBP UM UM	CG-DME-06	
K1032	Non-pneumatic sequential compression garment, full leg [Note: may also be used with K1031]	Anthem- Anthem — SHBP UM UM	CG-DME-06	
K1033	Non-pneumatic sequential compression garment, half leg [Note: may also be used with K1031]	Anthem- Anthem — SHBP UM UM	CG-DME-06	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Anthem — SHBP UM-UM	OR-PR.00007	
L5856	Addition to lower extremity prosthesis, endoskeletal knee- shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Anthem — SHBP UM	OR-PR.00003	
L5857	Addition to lower extremity prosthesis, endoskeletal knee- shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Anthem — SHBP UM	OR-PR.00003	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Anthem — SHBP UM	OR-PR.00003	
L5859	Addition to lower extremity prosthesis, endoskeletal knee- shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Anthem — SHBP UM	OR-PR.00003	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Anthem — SHBP UM	OR-PR.00003	
L5973	Endoskeletal ankle-foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Anthem — SHBP UM	OR-PR.00003	
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,	Anthehm-Anthem — SHBP UM UM	CG-OR-PR-05	
L6611	Addition to upper extremity prosthesis, external powered,	Anthem — SHBP UM	CG-OR-PR-05	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Anthem — SHBP UM	CG-OR-PR-05	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Anthem — SHBP UM	CG-OR-PR-05	
L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern Or Combination Of Grasp Patterns, Includes Motor(S)	Anthem — SHBP UM	CG-OR-PR-05	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Anthem — SHBP UM	CG-OR-PR-05	
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	Anthem — SHBP UM	CG-OR-PR-05	
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	Anthem — SHBP UM	CG-OR-PR-05	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral	Anthem — SHBP UM	CG-OR-PR-05	
L7007	Electric hand, switch or myoelectric controlled, adult	Anthem — SHBP UM	CG-OR-PR-05	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Anthem — SHBP UM	CG-OR-PR-05	
L7009	Electric hook, switch or myoelectric controlled, adult	Anthem — SHBP UM	CG-OR-PR-05	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Anthem — SHBP UM	CG-OR-PR-05	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Anthem — SHBP UM	CG-OR-PR-05	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Anthem — SHBP UM	CG-OR-PR-05	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Anthem — SHBP UM	CG-OR-PR-05	
L8600	Implantable breast prosthesis, silicone or equal	Anthem — SHBP UM	SURG.00023, MCG GRG	
L8609	Artificial cornea	Anthem — SHBP UM	CG-SURG-94	
L8614	Cochlear device, includes all internal and external components	Anthem — SHBP UM	CG-SURG-81	
L8619	Cochlear implant external speech processor, replacement	Anthem — SHBP UM	CG-SURG-81	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Anthem — SHBP UM	CG-SURG-81	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Anthem — SHBP UM	CG-SURG-81	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Anthem — SHBP UM-UM	SURG.00158	
L8679	Implantable neurostimulator, pulse generator, any type	Anthem — SHBP UM	CG-SURG-95, SURG.00007, SURG.00026, SURG.00158	
L8680	Implantable neurostimulator electrode, each	Anthem — SHBP UM	CG-MED-79, CG-SURG-95, SURG.00007, SURG.00026, SURG.00129, SURG.00158	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Anthem — SHBP UM	SURG.00129	
L8682	Implantable neurostimulator radiofrequency receiver	Anthem — SHBP UM	CG-MED-79, CG-SURG-95, SURG.00026	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Anthem — SHBP UM	CG-MED-79, SURG.00026, SURG.00158	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel	Anthem — SHBP UM	CG-SURG-95	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Anthem — SHBP UM	SURG.00007, SURG.00026, CG-SURG-95	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Anthem — SHBP UM	CG-SURG-95, SURG.00007, SURG.00026	
L8687	Implantable neurostimulator pulse generator, dual array,	Anthem — SHBP UM	SURG.00026	
L8688	Implantable neurostimulator pulse generator, dual array,	Anthem — SHBP UM	SURG.00026, SURG.00129	
L8690	Auditory osseointegrated device, includes all internal and external components	Anthem — SHBP UM	CG-SURG-82	
L8691	Auditory osseointegrated device, external sound processor, replacement	Anthem — SHBP UM	CG-SURG-82	
L8692	Auditory osseointegrated device, external sound processor; used without osseointegration, body worn, includes	Anthem — SHBP UM	CG-SURG-82	
L8693	Auditory osseointegrated device, abutment, any length, replacement only	Anthem — SHBP UM	CG-SURG-82	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Anthem — SHBP UM	CG-SURG-82	
L8699	Prosthetic implant, not otherwise specified	Anthem — SHBP UM	CG-SURG-12, CG-SURG-81; MCG	
Q0138	Ferumoxytol	Carelon Rx	CC-0182	
Q2026	Injection, Radiesse, 0.1 ml	Anthem — SHBP UM	MCG GRG	
Q2028	Injection, sculptra, 0.5 mg	Anthem — SHBP UM	MCG GRG	
Q2041	Axicabtagene Ciloleucel	Anthem — SHBP UM	CC-0151	
Q2042	Tisagenlecleucel	Anthem — SHBP UM	CC-0150	
Q2043	Sipuleucel-T - Provenge	Anthem — SHBP UM	CC-0134	
Q2043	Provenge	Anthem — SHBP UM	CC-0134	
Q2049,	Doxil, Lipodox	Anthem — SHBP UM	CC-0098	
Q3027	Interferon beta-1a	Carelon Rx	CC-0014	
Q3028	Interferon beta-1a	Carelon Rx	CC-0014	
Q4074	Iloprost	Carelon Rx	CC-0067	
Q4081	Epogen ESRD 100 Units/ Procrit ESRD 100 Units	Anthem — SHBP UM	CC-0001	
Q4100	Skin substitute, not otherwise specified [when describing a product with no specific code indicated as investigational and	Anthem — SHBP UM	SURG.00011	
Q4101	Apligraf, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4102	Oasis Wound Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4103	Oasis Burn Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4104	Integra Bilayer Matrix Wound Dressing (BMWD), per square	Anthem — SHBP UM	SURG.00011	
Q4105	Integra Dermal Regeneration Template (DRT) or Integra	Anthem — SHBP UM	SURG.00011	
Q4106	Dermagraft, per square centimeter [for diabetic foot ulcers	Anthem — SHBP UM	SURG.00011	
Q4107	GraftJacket, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4108	Integra Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4110	PriMatrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4111	Gammagraft, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4112	Cymetra, injectable, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4113	Graftjacket Xpress, injectable, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4115	AlloSkin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4116	AlloDerm, per square centimeter [AlloDerm RTM, AlloDerm	Anthem — SHBP UM	SURG.00011	
Q4117	Hyalomatrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4118	Matristem micromatrix, 1 mg	Anthem — SHBP UM	SURG.00011	
Q4121	TheraSkin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4122	Dermacell, Dermacell AWM or Dermacell AWM porous, per square centimeter [for breast reconstruction or diabetic foot ulcers only]	Anthem — SHBP UM	SURG.00011	
Q4123	AlloSkin RT, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4124	Oasis Ultra Tri-Layer Wound Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4125	ArthroFlex, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square	Anthem — SHBP UM	SURG.00011	
Q4127	Talymed, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4128	FlexHD, AlloPatch HD, or Matrix HD, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4130	Strattice, per square centimeter [for breast reconstruction	Anthem — SHBP UM	SURG.00011	
Q4132	Grafix CORE and GrafixPL CORE, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per	Anthem — SHBP UM	SURG.00011	
Q4134	hMatrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4135	Mediskin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4136	EZ-derm, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4137	AmnioExCel, AmnioExCel plus or BioDExCel, per square	Anthem — SHBP UM	SURG.00011	
Q4138	BioDfence Dryflex, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4140	BioDfence, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4141	Alloskin AC, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4142	XCM Biologic Tissue Matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4143	Repriza, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4145	Epifix, injectable, 1 mg	Anthem — SHBP UM	SURG.00011	
Q4146	TenSIX, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4148	NEOX Cord 1k, NEOX Cord RT, or Clarix Cord 1k, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4149	Excellagen, 0.1 cc	Anthem — SHBP UM	SURG.00011	
Q4150	Allowrap DS or Dry, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4151	AmnioBand or Guardian, per sq cm [for diabetic foot ulcers	Anthem — SHBP UM	SURG.00011	



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Q4152	DermaPure, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4153	Dermavest and Plurivest, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4154	Biovance, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4155	NeoxFlo or ClarixFlo, 1 mg	Anthem — SHBP UM	SURG.00011	
Q4156	NEOX 100 or Clarix 100, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4157	Revitalon, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4158	Kerecis Omega3, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4159	Affinity, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4160	NuShield, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4161	Bio-connekt wound matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4163	WoundEx, BioSkin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4164	Helicoll, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4165	Keramatrix or Kerasorb, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4166	Cytal, per square centimeter [formerly Matristem	Anthem — SHBP UM	SURG.00011	
Q4167	TruSkin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4168	AmnioBand, 1 mg	Anthem — SHBP UM	SURG.00011	
Q4169	Artacent Wound, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4170	CYGNUS, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4171	Interfyl, 1 mg	Anthem — SHBP UM	SURG.00011	
Q4173	PalinGen or PalinGen Xplus, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Anthem — SHBP UM	SURG.00011	
Q4175	Miroderm, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4176	NeoPatch or Therion, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4177	FlowerAmnioflo, 0.1 cc	Anthem — SHBP UM	SURG.00011	
Q4178	FlowerAmniopatch, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4179	FlowerDerm, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4180	Revita, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4181	Amnio Wound, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4183	Surgigraft, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4184	Cellesta or Cellesta Duo, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4186	EpiFix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4187	EpiCord, per square centimeter [for diabetic foot ulcers only]	Anthem — SHBP UM	SURG.00011	
Q4188	Amnioarmor, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4190	Artacent AC, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4191	Restorigin, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4192	Restorigin, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4193	Coll-e-derm, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4194	Novachor, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4195	Puraply, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4196	PuraPly AM, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4197	PuraPly XT, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4198	Genesis amniotic membrane, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4199	Cygnus matrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4200	Skin TE, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4201	Matrion, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4202	Keroxx (2.5g/cc), 1cc	Anthem — SHBP UM	SURG.00011	
Q4203	Derma-gide, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4204	Xwrap, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4205	Membrane graft or Membrane wrap, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4206	Fluid flow or Fluid GF, 1 cc	Anthem — SHBP UM	SURG.00011	
Q4208	Novafix, per square cenitmeter	Anthem — SHBP UM	SURG.00011	
Q4209	Surgraft, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4210	Axolotl graft or Axolotl dualgraft, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4211	Amnion bio or AxoBioMembrane, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4212	AlloGen, per cc	Anthem — SHBP UM	SURG.00011	
Q4213	Ascent, 0.5 mg	Anthem — SHBP UM	SURG.00011	
Q4214	Cellesta cord, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Anthem — SHBP UM	SURG.00011	
Q4216	Artacent cord, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus,	Anthem — SHBP UM	SURG.00011	
Q4218	Surgicord, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4219	SurgiGRAFT-Dual, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4220	BellaCell HD or Surederm, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4221	Amniowrap2, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4222	Progenamatrix, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square	Anthem — SHBP UM	SURG.00011	
Q4225	Amniobind, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4226	procedures, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4227	AmnioCore, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4228	BioNextPATCH, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4229	Cogenex amniotic membrane, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4230	Cogenex flowable amnion, per 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4231	Corplex P, per cc	Anthem — SHBP UM	SURG.00011	
Q4232	Corplex, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4233	SurFactor or NuDyn, per 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4234	XCellerate, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4235	Amniorepair or AltiPly, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4236	carePATCH, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4237	Cryo-cord, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4238	Derm-Maxx, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4240	CoreCyte, for topical use only, per 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4241	PolyCyte, for topical use only, per 0.5 cc	Anthem — SHBP UM	SURG.00011	
Q4242	AmnioCyte Plus, per 0.5 cc	Anthem — SHBP UM	SURG.00011	

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Q4244	Procenta, per 200 mg	Anthem — SHBP UM	SURG.00011	
Q4245	Amniotext, per cc	Anthem — SHBP UM	SURG.00011	
Q4246	Coretext or Protex, per cc	Anthem — SHBP UM	SURG.00011	
Q4247	Amniotext patch, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4248	Dermacyte Amniotic Membrane Allograft, per square	Anthem — SHBP UM	SURG.00011	
Q4249	Amniply, for topical use only, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4250	AmnioAMP-MP, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4254	Novafix DL, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4255	REGUaRD, for topical use only, per square centimeter	Anthem — SHBP UM	SURG.00011	
Q4256	MLG- complete, per square centimeter	Anthem- Anthem — SHBP UM UM	SURG.00011	
Q4257	Relese, per square centimeter	Anthem- Anthem — SHBP UM UM	SURG.00011	
Q4258	Enverse, per square centimeter	Anthem- Anthem — SHBP UM UM	SURG.00011	
Q5101	Zarxio (Filgrastim-sndz)	Carelon Rx	CC-0002	
Q5103	Infliximab-dyyb	Carelon Rx	CC-0062	
Q5104	Infliximab-abda	Carelon Rx	CC-0062	
Q5105	Retacrit ESRD (Epoetin alfa-epbx)	Carelon Rx	CC-0001	
Q5106	Retacrit Non ESRD (Epoetin alfa-epbx)	Anthem — SHBP UM	CC-0001	
Q5107	Mvasi (Bevacizumab-awwb)	Anthem — SHBP UM	CC-0072	
Q5108	Fulphila (Pegfilgrastim-jmdb)	Anthem — SHBP UM	CC-0002	
Q5109	Infliximab-qbtx	Carelon Rx	CC-0062	
Q5110	Nivestym (Filgrastim-aafi)	Anthem — SHBP UM	CC-0002	
Q5111	Udenyca (Pegfilgrastim-cbqv)	Anthem — SHBP UM	CC-0002	
Q5112	Ontruzant (trastuzumab-dttb)	Carelon Rx	CC-0166	
Q5113	Herzuma (trastuzumab-pkrb)	Carelon Rx	CC-0166	
Q5114	Ogivri (trastuzumab-dkst)	Carelon Rx	CC-0166	
Q5115	Tituximab-abbs	Carelon Rx	CC-0075	
Q5116	Trazimera (trastuzumab-qyyp)	Carelon Rx	CC-0166	
Q5118	Zirabev (Bevacizumab-bvzr)	Anthem — SHBP UM	CC-0072	
Q5119	Rituximab-pvvr	Carelon Rx	CC-0075	
Q5120	Ziextenzo (Pegfilgrastim-bmez)	Anthem — SHBP UM	CC-0002	
Q5121	Infliximab-axxq	Carelon Rx	CC-0062	
Q5122	Pegfilgrastim-apfg	Carelon Rx	CC-0002	
Q5123	Rituximab-arrx	Carelon Rx	CC-0075	
Q5124	Byooviz (ranibizumab-nuna)	Carelon Rx	CC-0072	
Q5125	Releuko (filgrastim-ayow)	Carelon Rx	CC-0002	
Q5126	Alymsys (bevacizumab-maly)	Carelon Rx	CC-0072	
Q5127	Stimufend (pegfilgrastim-fpgk)	Carelon Rx	CC-0002	
Q5128	Cimerli (ranibizumab-cqrn)	Carelon Rx	CC-0072	
Q5129	Vegzelma (bevacizumab-adcd)	Carelon Rx	CC-0107	
Q5130	Fylnetra (pegfilgrastim-pbbk)	Carelon Rx	CC-0002	
S0013	Esketamine	Carelon Rx	CC-0086	
S0122	Menopur	Anthem — SHBP UM	CC-0015	
S0128	Follistem AQ	Anthem — SHBP UM	CC-0015	
S0132	Antagon	Anthem — SHBP UM	CC-0015	
S2053	Transplantation of small intestine and liver allografts	Anthem — Transplant	TRANS.00013	
S2054	Transplantation of multivisceral organs	Anthem — Transplant	TRANS.00013	
S2055	Harvesting of donor multivisceral organs, with preparation	Anthem — Transplant	TRANS.00013	
S2060	Lobar lung transplantation	Anthem — Transplant	TRANS.00009	
S2061	Donor lobectomy (lung) for transplantation, living donor	Anthem — Transplant	TRANS.00009	
S2065	Simultaneous pancreas kidney transplantation	Anthem — Transplant	TRANS.00011	
S2066	Breast reconstruction with gluteal artery perforator (GAP)	Anthem — SHBP UM	SURG.00023	
S2067	Breast reconstruction of a single breast with "stacked" deep	Anthem — SHBP UM	SURG.00023	
S2068	Breast reconstruction with deep inferior epigastric perforator	Anthem — SHBP UM	SURG.00023	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Anthem — SHBP UM	SURG.00129	
S2095	Transcatheter occlusion or embolization for tumor	Anthem — SHBP UM	CG-SURG-78	
S2102	Islet cell tissue transplant from pancreas, allogeneic	Anthem — Transplant	TRANS.00010	
S2103	Adrenal tissue transplant to brain	Anthem — Transplant	TRANS.00004	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage	Carelon Medical Benefits Management	MSK	
S2117	Arthroereisis, subtalar	Anthem — SHBP UM	SURG.00104	
S2120	Low density lipoprotein (LDL) apheresis using heparin- induced extracorporeal LDL precipitation	Anthem — SHBP UM	CG-MED-68	
S2142	Cord blood-derived stem cell transplantation, allogeneic	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027,	
S2150	Bone marrow or blood-derived peripheral stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including pheresis and cell preparation/storage, marrow ablative therapy, drugs, supplies, hospitalization with outpatient follow-up, medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition [when specified as autologous]	Anthem — Transplant	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031	
S2202	Echosclerotherapy	Anthem — SHBP UM	SURG.00037	
S2235	Implantation of auditory brain stem implant	Anthem — SHBP UM	CG-SURG-81	
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Anthem — SHBP UM	CG-SURG-24	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar [DISC nucleoplasty]	Anthem — SHBP UM	SURG.00071	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Anthem — SHBP UM	CG-GENE-13	
S3840	DNA analysis for germline mutations of the RET proto- oncogene for susceptibility to multiple endocrine neoplasia type 2 [MEN 2]	Anthem — SHBP UM	CG-GENE-17	
S3841	Genetic testing for retinoblastoma	Anthem — SHBP UM	CG-GENE-14	
S3842	Genetic testing for von Hippel-Lindau disease	Anthem — SHBP UM	CG-GENE-14	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Anthem — SHBP UM UM	CG-GENE-13	
S3845	Genetic testing for alpha-thalassemia	Anthem — SHBP UM UM	CG-GENE-13	
S3846	Genetic testing for hemoglobin E beta-thalassemia	Anthem — SHBP UM UM	CG-GENE-13	
S3849	Genetic testing for Niemann-Pick diseases	Anthem — SHBP UM UM	CG-GENE-13	

Code (green = change)	Code description	Responsible party	Criteria/guideline	Comments
S3850	Genetic testing for sickle cell anemia	Anthem — SHBP UM UM	CG-GENE-13	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Anthem — SHBP UM UM	CG-GENE-13	
S3853	Genetic testing for myotonic muscular dystrophy	Anthem — SHBP UM UM	CG-GENE-13	
S3854	Gene expression profiling panel for use in the management	Anthem — SHBP UM	GENE.00011	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	Anthem — SHBP UM	GENE.00007	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Anthem — SHBP UM	CG-GENE-10	
S8030	Proton Beam Radiation Therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management	
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	Anthem — SHBP UM	CG-MED-89	
S9365	liter per day, administrative services, professional pharmacy	Anthem — SHBP UM	CG-MED-89	
S9366	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	Anthem — SHBP UM	CG-MED-89	
S9367	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	Anthem — SHBP UM	CG-MED-89	
S9368	more than three liters per day, administrative services,	Anthem — SHBP UM	CG-MED-89	
S9562	Home injectable therapy, palivizumab, including	Anthem — SHBP UM	CC-0007	
S9960	Ambulance service, conventional air services, nonemergency	Anthem — SHBP UM	CG-ANC-04	
S9961	Ambulance service, conventional air service, nonemergency	Anthem — SHBP UM	CG-ANC-04	
V2787	Astigmatism correcting function of intraocular lens	Anthem — SHBP UM	CG-SURG-128	
V2788	Presbyopia correcting function of intraocular lens	Anthem — SHBP UM	CG-SURG-128	
V2790	Amniotic membrane for surgical reconstruction, per procedure [vision services]	Anthem — SHBP UM	SURG.00011	
V5298	Hearing aid, not otherwise classified [when specified as an intraoral bone conduction hearing	Anthem — SHBP UM	CG-SURG-82	
XW0033C3	Kymriah (tisagenlecleucel), Yescarta (axicabtagene ciloleucel)	Anthem — SHBP UM	CC-0150, CC-0151	
XW133C8	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	Anthem — SHBP UM	MED.00147	
XW143C8	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	Anthem — SHBP UM	MED.00147	
XW143H9	Transfusion of betibeglogene autotemcel into central vein, percutaneous approach, new technology group 8	Anthem — SHBP UM-UM	MED.00140	
0HDSXZZ	Extraction of hair, external approach [when done to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure]	Anthem — SHBP UM	CG-SURG-27	
0UQG0ZZ	Repair vagina, open approach	Anthem — SHBP UM	CG-SURG-27	
0UQJ0ZZ-0UQJXZZ	Repair clitoris [by approach; includes codes 0UQJ0ZZ, 0UQJXZZ]	Anthem — SHBP UM	CG-SURG-27	
0UT20ZZ-0UT2FZZ	Resection of bilateral ovaries [by approach; includes codes 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ]	Anthem — SHBP UM	CG-SURG-27	
0UT70ZZ-0UT7FZZ	Resection of bilateral fallopian tubes [by approach; includes codes 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ]	Anthem — SHBP UM	CG-SURG-27	
0UT90ZZ-0UT9FZZ	Resection of uterus [by approach; includes codes 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ]	Anthem — SHBP UM	CG-SURG-27	
0UTC0ZZ-0UTC8ZZ	Resection of cervix [by approach; includes codes 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ]	Anthem — SHBP UM	CG-SURG-27	
0UTG0ZZ-0UTG8ZZ	Resection of vagina [by approach; includes codes 0UTG0ZZ, 0UTG4ZZ, 0UTG7ZZ, 0UTG8ZZ]	Anthem — SHBP UM	CG-SURG-27	
0UTJ0ZZ-0UTJXZZ	Resection of clitoris [by approach; includes codes 0UTJ0ZZ, 0UTJXZZ]	Anthem — SHBP UM	CG-SURG-27	
0UTM0ZZ-0UTMXZZ	Resection of vulva [by approach; includes codes 0UTM0ZZ, 0UTMXZZ]	Anthem — SHBP UM	CG-SURG-27	
0VRC0JZ	Replacement of bilateral testes with synthetic substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0VTC0ZZ-0VTC4ZZ	Resection of bilateral testes [by approach; includes codes 0VTC0ZZ, 0VTC4ZZ]	Anthem — SHBP UM	CG-SURG-27	
0VTS0ZZ-0VTSXZZ	Resection of penis [by approach; includes codes 0VTS0ZZ, 0VTS4ZZ, 0VTSXZZ]	Anthem — SHBP UM	CG-SURG-27	
0VUS07Z-0VUSX7Z	Supplement penis with autologous tissue substitute [by approach, includes codes 0VUS07Z, 0VUS47Z, 0VUSX7Z]	Anthem — SHBP UM	CG-SURG-27	
0VUS0JZ-0VUSXJZ	Supplement penis with synthetic substitute [by approach; includes codes 0VUS0JZ, 0VUS4JZ, 0VUSXJZ]	Anthem — SHBP UM	CG-SURG-27	
0VUS0KZ-0VUSXKZ	Supplement penis with nonautologous tissue substitute [by approach; includes codes 0VUS0KZ, 0VUS4KZ, 0VUSXKZ]	Anthem — SHBP UM	CG-SURG-27	
0V503ZZ	Destruction of prostate, percutaneous approach [when specified as focal laser ablation of the prostate]	Anthem — SHBP UM-UM	SURG.00159	
0W4M070	Creation of vagina in male perineum with autologous tissue substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0W4M0J0	Creation of vagina in male perineum with synthetic substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0W4M0K0	Creation of vagina in male perineum with nonautologous tissue substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0W4N071	Creation of penis in female perineum with autologous tissue substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0W4N0J1	Creation of penis in female perineum with synthetic substitute, open approach	Anthem — SHBP UM	CG-SURG-27	
0W4N0K1	Creation of penis in female perineum with nonautologous tissue substitute, open approach	Anthem — SHBP UM	CG-SURG-27	

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.  
CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.

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