



## BCBSAZ Medicare Advantage Prior Authorization Requirements Code List

Updated 08/01/2022

### Introduction

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

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

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

BENEFIT PLAN NAME and PLAN ID#	PREFIX	SERVICE AREA	PRIOR AUTHORIZATION REQUESTS
Blue Medicare Advantage Classic (HMO) H302-006	M2K	Maricopa and Pinal counties	<p><b>eviCore / BCBSAZ</b></p> <p><b>eviCore ONLINE:</b> Log in to <a href="http://eviCore.com/provider">eviCore.com/provider</a></p> <p><b>BCBSAZ FAX FORM</b> (<a href="http://azbluemedicare.com/login">azbluemedicare.com/login</a>):</p> <p>Standard: 602-544-5652 / Expedited: 602-544-5651</p> <p>Inpatient Notification: 602-544-5653</p> <p>Concurrent Review: 602-544-5654</p> <p>Post-acute Care/Behavioral Health: 602-544-5654</p> <p>Part B Drugs: 602-544-5622</p> <p>Part D Drugs: 1-858-790-7100 or request online at <a href="https://mp.medimpact.com/partdcoverage/determination">https://mp.medimpact.com/partdcoverage/determination</a></p> <p><b>PHONE</b> (after hours immediate service): 1-800-446-8331</p>
Blue Medicare Advantage Plus (HMO) H0302-001			
BluePathway Plan 2 (HMO) H6936-003	M2V	Maricopa County	
BlueJourney (PPO) H5140-001, H5140-002	M3P	Maricopa and Pima counties	

The Blue Advantage and BluePathway HMO plans (Pima and Santa Cruz counties) are administered by P3 Health Partners. The BluePathway HMO Plan 1 (Maricopa County) is administered by Arizona Priority Care (AZPC). The P3 and AZPC code lists are posted on the BCBSAZ Medicare Advantage secure provider portal: [azbluemedicare.com/login](http://azbluemedicare.com/login)

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

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

**eviCore Program:** The MA code list includes the codes in our eviCore prior authorization program. For the most current eviCore code lists and clinical guidelines, please visit our eviCore resource page:

[eviCore Resource page for code lists and clinical guidelines](#)

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BCBSAZ Medicare Advantage Prior Authorization Requirements Code List (Updated 12/01/2023) - for coverage under medical benefits

APPLICABLE PLAN IDs: H0302-001, H0302-006, H6936-003, H6936-00, H5140-001, and H5140-002

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

All inpatient admissions require Notification (even if previously authorized) within 24 hours or the next business day.

All Non-emergency admissions require prior authorization in addition to Notification.

Clinical trials require Notification or prior authorization.

BCBSAZ makes

reasonable effort to keep this list current. However, new drugs, devices, and codes ("items") are released into the market at a rapid pace. Changed codes are also released with some frequency. BCBSAZ reserves the right to require prior authorization for such newly released and changed items even though the list has not yet been updated to include them. If you have questions about a newly released or changed item, or whether prior authorization is required, please call us at 602-864-4320 or 1-800-232-2345.

Code	Code Description	Code Category	Prior Auth Administrator: BCBSAZ or eviCore	Eligible for Gold Card Program
15820	BLEPHAROPLASTY, LOWER EYELID	SURGERY	BCBSAZ	N/A
15821	BLEPHAROPLASTY, LOWER EYELID; W/EXTENSIVE HERNIATED FAT PAD	SURGERY	BCBSAZ	N/A
15822	BLEPHAROPLASTY, UPPER EYELID	SURGERY	BCBSAZ	N/A
15823	BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEIGHTING DOWN LID	SURGERY	BCBSAZ	N/A
15830	EXCISION EXCESS SKIN/SUBCUTANEOUS TISSUE ABDOMEN INFRAUMBILICAL PANNICULECTOMY	SURGERY	BCBSAZ	N/A
15847	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE ABDOMEN	SURGERY	BCBSAZ	N/A
15877	SUCTION-ASSISTED LIPECTOMY; TRUNK	SURGERY	BCBSAZ	N/A
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT), CONCURRENT WITH PARTIAL MASTECTOMY	RADIATION ONCOLOGY	eviCore	N/A
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	RADIATION ONCOLOGY	eviCore	N/A
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	RADIATION ONCOLOGY	eviCore	N/A
19316	MASTOPEXY	SURGERY	BCBSAZ	N/A
19318	REDUCTION MAMMOPLASTY	SURGERY	BCBSAZ	N/A
19325	MAMMAPLASTY, AUGMENTATION; W/ PROSTHETIC IMPLANT	SURGERY	BCBSAZ	N/A
19328	REMOVAL OF INTACT MAMMARY IMPLANT	SURGERY	BCBSAZ	N/A
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	SURGERY	BCBSAZ	N/A
20912	CARTILAGE GRAFT; NASAL SEPTUM	SURGERY	BCBSAZ	N/A
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPIOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NON INVASIVE (NONOPERATIVE)	SURGERY	eviCore	N/A
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	SURGERY	eviCore	N/A
21085	IMPRESSION AND CUSTOM PREP; ORAL SURGICAL SPLINT	SURGERY	BCBSAZ	N/A
21210	GRAFT, BONE; NASAL/ MAXILLARY/ MALAR AREAS	SURGERY	BCBSAZ	N/A
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	SURGERY	BCBSAZ	N/A
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	SURGERY	BCBSAZ	N/A
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	SURGERY	BCBSAZ	N/A
22510	PERCUTANEOUS VERTEBROPLASTY(BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC	SURGERY	eviCore	N/A
22511	PERCUTANEOUS VERTEBROPLASTY(BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL	SURGERY	eviCore	N/A
22512	PERCUTANEOUS VERTEBROPLASTY(BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY( LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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	SURGERY	eviCore	N/A
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	SURGERY	eviCore	N/A
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION(FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE(EG, KYPHOPLASTY), 1 VERTEBRAL	SURGERY	eviCore	N/A
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; ONCE OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	SURGERY	eviCore	N/A

22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	SURGERY	eviCore	N/A
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	SURGERY	eviCore	N/A
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	SURGERY	eviCore	N/A
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	SURGERY	eviCore	N/A
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	SURGERY	eviCore	N/A
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
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	SURGERY	eviCore	N/A
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
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	SURGERY	eviCore	N/A
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SECOND INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, CERVICAL	SURGERY	eviCore	N/A

22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR	SURGERY	eviCore	N/A
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	SURGERY	eviCore	N/A
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	SURGERY	eviCore	N/A
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	SURGERY	eviCore	N/A
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	SURGERY	eviCore	N/A
23120	CLAVICULECTOMY; PARTIAL	SURGERY	eviCore	N/A
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	SURGERY	eviCore	N/A
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	SURGERY	eviCore	N/A
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	SURGERY	eviCore	N/A
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	SURGERY	eviCore	N/A
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	SURGERY	eviCore	N/A
23430	TENODESIS OF LONG TENDON OF BICEPS	SURGERY	eviCore	N/A
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	SURGERY	eviCore	N/A
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	SURGERY	eviCore	N/A
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	SURGERY	eviCore	N/A
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	SURGERY	eviCore	N/A
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	SURGERY	eviCore	N/A
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	SURGERY	eviCore	N/A
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	SURGERY	eviCore	N/A
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	SURGERY	eviCore	N/A
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G., TOTAL SHOULDER))	SURGERY	eviCore	N/A
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	SURGERY	eviCore	N/A
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	SURGERY	eviCore	N/A
26340	MANIPULATION, FINGER JOINT, UNDER ANESTH: EA JOINT	SURGERY	BCBSAZ	N/A
26341	MANIPULATION, PALMAR FASCIAL CORD POST ENZYME INJECTION, SINGLE CORD	SURGERY	BCBSAZ	N/A
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT, EA	SURGERY	BCBSAZ	N/A
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; W/PROSTHETIC IMPLANT, EA	SURGERY	BCBSAZ	N/A
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
27125	HEMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	SURGERY	eviCore	N/A
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGERY	eviCore	N/A
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGERY	eviCore	N/A
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGERY	eviCore	N/A
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGERY	eviCore	N/A
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGERY	eviCore	N/A
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	SURGERY	eviCore	N/A
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	SURGERY	eviCore	N/A
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	SURGERY	eviCore	N/A
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL	SURGERY	eviCore	N/A
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	SURGERY	eviCore	N/A
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	SURGERY	eviCore	N/A
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	SURGERY	eviCore	N/A
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	SURGERY	eviCore	N/A
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	SURGERY	eviCore	N/A
27416	OSTEOCHONDRAL ALLOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])	SURGERY	eviCore	N/A
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	SURGERY	eviCore	N/A
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	SURGERY	eviCore	N/A
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)	SURGERY	eviCore	N/A
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	SURGERY	eviCore	N/A
27425	LATERAL RETINACULAR RELEASE, OPEN	SURGERY	eviCore	N/A
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	SURGERY	eviCore	N/A
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	SURGERY	eviCore	N/A
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	SURGERY	eviCore	N/A
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	SURGERY	eviCore	N/A
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS ***	SURGERY	BCBSAZ	N/A
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	SURGERY	eviCore	N/A
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	SURGERY	eviCore	N/A
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	SURGERY	eviCore	N/A
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	SURGERY	eviCore	N/A

27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	SURGERY	eviCore	N/A
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	SURGERY	eviCore	N/A
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	SURGERY	eviCore	N/A
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	SURGERY	eviCore	N/A
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	SURGERY	eviCore	N/A
27570	MANIPULATION KNEE JOINT UNDER GEN ANESTH	SURGERY	BCBSAZ	N/A
27700	ARTHROPLASTY, ANKLE	SURGERY	BCBSAZ	N/A
27702	ARTHROPLASTY ANKLE-WITH IMPLAN	SURGERY	BCBSAZ	N/A
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	SURGERY	BCBSAZ	N/A
27860	MANIPULATION ANKLE UNDER GEN ANESTHESIA	SURGERY	BCBSAZ	N/A
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	SURGERY	BCBSAZ	N/A
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	SURGERY	BCBSAZ	N/A
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGERY	BCBSAZ	N/A
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	SURGERY	BCBSAZ	N/A
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	SURGERY	eviCore	N/A
29807	ARTHROSCOPY, SHOULDER, SLAP REPAIR	SURGERY	eviCore	N/A
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGERY	eviCore	N/A
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	SURGERY	eviCore	N/A
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	SURGERY	eviCore	N/A
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	SURGERY	eviCore	N/A
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	SURGERY	eviCore	N/A
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	SURGERY	eviCore	N/A
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	SURGERY	eviCore	N/A
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	SURGERY	eviCore	N/A
29828	ARTHROSCOPY, SHOULDER, BICEPS TENODESIS	SURGERY	eviCore	N/A
29860	ARTHROSCOPY, HIP, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGERY	eviCore	N/A
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM	SURGERY	eviCore	N/A
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	SURGERY	eviCore	N/A
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT(S))	SURGERY	eviCore	N/A
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	SURGERY	eviCore	N/A
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION, MEDIAL OR LATERAL)	SURGERY	eviCore	N/A
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	SURGERY	eviCore	N/A
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	SURGERY	eviCore	N/A
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY ( EG OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	SURGERY	eviCore	N/A
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	SURGERY	eviCore	N/A
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	SURGERY	eviCore	N/A
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	SURGERY	eviCore	N/A
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	SURGERY	eviCore	N/A
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT (S) WHEN PERFORMED	SURGERY	eviCore	N/A
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCAL REPAIR (MEDIAL OR LATERAL)	SURGERY	eviCore	N/A
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCAL REPAIR (MEDIAL AND LATERAL)	SURGERY	eviCore	N/A
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	SURGERY	eviCore	N/A
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	SURGERY	eviCore	N/A
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	SURGERY	eviCore	N/A
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	SURGERY	eviCore	N/A
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	SURGERY	eviCore	N/A
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	SURGERY	eviCore	N/A
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	SURGERY	eviCore	N/A
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	SURGERY	eviCore	N/A
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	SURGERY	eviCore	N/A
30120	EXC/SURGCL PLNGN SKIN NOSE FOR	SURGERY	BCBSAZ	N/A
30220	INSERTION, NASAL SEPTAL PROSTHESIS	SURGERY	BCBSAZ	N/A
30400	RHINOPLASTY, PRIMARY; LATERAL/LARAL CARTILAGES	SURGERY	BCBSAZ	N/A
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS	SURGERY	BCBSAZ	N/A
30420	RHINOPLASTY, PRIMARY; INCL MAJOR SEPTAL REPAIR	SURGERY	BCBSAZ	N/A
30430	RHNP LSTY; SEC MINOR REVISION	SURGERY	BCBSAZ	N/A
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION	SURGERY	BCBSAZ	N/A
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION	SURGERY	BCBSAZ	N/A
30460	RHNP DFRM W/COLUM LNPTH TIP ONLY	SURGERY	BCBSAZ	N/A
30462	RHNP DFRM COLUM LNPTH TIP SEPTUM OSTEOT	SURGERY	BCBSAZ	N/A
30465	REPAIR OF NASAL VESTIBULAR STENOSIS	SURGERY	BCBSAZ	N/A
30520	SEPTOPLASTY/SUBMUCOUS RESECTION, W OR W/O GRAFT	SURGERY	BCBSAZ	N/A

31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIATION APPLICATION	RADIATION ONCOLOGY	eviCore	N/A
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE	RADIATION ONCOLOGY	eviCore	N/A
32851	LUNG TRANSPLANT, SINGLE	SURGERY	BCBSAZ	N/A
32852	LUNG TRANSPLANT, SINGLE, WITH CARDIOPULMONARY BYPASS	SURGERY	BCBSAZ	N/A
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL)	SURGERY	BCBSAZ	N/A
32854	LUNG TRANSPLANT, W/BYPASS (BILATERAL)	SURGERY	BCBSAZ	N/A
33267	EXCLUSION OF LEFT ATRIAL APPENDAGE, OPEN, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PPLICATION, CLIP)	SURGERY	BCBSAZ	N/A
33268	EXCLUSION OF LEFT ATRIAL APPENDAGE, OPEN, PERFORMED AT THE TIME OF OTHER STERNOTOMY OR THORACOTOMY PROCEDURE(S), ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PPLICATION, CLIP) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	BCBSAZ	N/A
33269	EXCLUSION OF LEFT ATRIAL APPENDAGE, THORACOSCOPIC, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PPLICATION, CLIP)	SURGERY	BCBSAZ	N/A
33340	PERQ TRANSCATH CLOSURE OF LEFT ATRIAL APPENDAGE W/ENDO CARDI IMPLANT, W/RAD SUPV	SURGERY	BCBSAZ	N/A
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	SURGERY	BCBSAZ	N/A
33945	HEART TRANSPLANT W/WO RECIPIENT	SURGERY	BCBSAZ	N/A
36473	ENDOVENOUS ABLATION TX INCOMP VEIN, EXT, INCL IMAG, GUID & MON, PERQ, SUBSEQ VEIN	SURGERY	BCBSAZ	N/A
36474	ENDOVENOUS ABLATION TX INCOMP VEIN, EXT, INCL IMAG, GUID & MON, PERQ, SUBSEQ VEIN	SURGERY	BCBSAZ	N/A
36475	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY INCL IMAGING/MONITORING 1ST VEIN	SURGERY	BCBSAZ	N/A
36476	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY, INCL IMAG/ MONITOR PERQ, SUBSEQ VEIN	SURGERY	BCBSAZ	N/A
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, FIRST	SURGERY	BCBSAZ	N/A
36479	ENDOVENOUS ABLAT INCOMP VEIN, PER EXTREM INCL IMAG, PERQ, LASER; SUBSEQ VEIN(S)	SURGERY	BCBSAZ	N/A
37722	LIGATION DIVISION & STRIPPING LONG SAPHENOFEMORAL VEIN JUNCTION TO KNEE OR BELOW	SURGERY	BCBSAZ	N/A
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 INCISIONS	SURGERY	BCBSAZ	N/A
37766	STAB PHLEBOTOMY OF VARICOSE VEINS, ONE EXTREMITY; > 20 INCISIONS	SURGERY	BCBSAZ	N/A
37785	LIGATION/DIVISION/EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	SURGERY	BCBSAZ	N/A
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANPLANTATION PER DONOR	SURGERY	BCBSAZ	N/A
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	RADIATION ONCOLOGY	eviCore	N/A
42145	PALATOPHARYNGOPLASTY	SURGERY	BCBSAZ	N/A
43644	LAPAROSCOPY, SURG, GASTRIC RESTRICTIVE PROC; W GASTRIC BYPASS & ROUX-EN-Y	SURGERY	BCBSAZ	N/A
43645	LAP GASTRIC BYPASS W/SI RECONSTRUCT TO LIMIT ABSORPTION MISSING 43647	SURGERY	BCBSAZ	N/A
43770	LAPAROSCOPY, SURG GASTRIC RESTRICTIVE PROC; PLXMNT ADJSTBL RESTRICTIVE DEVICE	SURGERY	BCBSAZ	N/A
43771	LAPRSCOPY GASTRIC RESTRICT REVISION ADJSTBL GASTRIC RESTRICT DEVICE COMPONENT ONLY	SURGERY	BCBSAZ	N/A
43772	LAPRSCOPY GASTRIC RESTRICT REMOVAL ADJSTBL GASTRIC RESTRICT DEVICE COMPONENT ONLY	SURGERY	BCBSAZ	N/A
43773	REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUB-Q PORT	SURGERY	BCBSAZ	N/A
43774	REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUB-Q PORT COMPONENTS	SURGERY	BCBSAZ	N/A
43775	LAPAROSCOPY, SURG, GASTRIC RESTRICTIVE PROC; LAPAROSCOPIC SLEEVE, GASTRECTOMY	SURGERY	BCBSAZ	N/A
43845	GASTRIC RESTRICTIVE PROC TO LIMIT ABSORPTION	SURGERY	BCBSAZ	N/A
43846	GASTRIC BYPASS W/ROUX-EN-Y GASTROENTEROSTOMY	SURGERY	BCBSAZ	N/A
43847	GASTRIC RESTRICTIVE PROC. SMALL BOWEL RESTRICTIVE TO LIMIT ABSORPTION	SURGERY	BCBSAZ	N/A
43848	REVISION OPEN GASTRIC RESTRICT FOR OBESITY OTHR THAN ADJ GASTRIC RESTRICT DEVICE	SURGERY	BCBSAZ	N/A
43886	GASTRIC RESTRICTIVE PROCEDURE OPEN REVISION OF SQ PORT COMPONENT ONLY	SURGERY	BCBSAZ	N/A
43887	GASTRIC RESTRICTIVE PROCEDURE OPEN REMOVAL OF SQ PORT COMPONENT ONLY	SURGERY	BCBSAZ	N/A
43888	GASTRIC RESTRICTIVE PROC OPEN REMOVAL & REPLACEMENT OF SQ PORT COMPONENT ONLY	SURGERY	BCBSAZ	N/A
47135	LIVER TRANSPLANT W/WO RECIPIENT	SURGERY	BCBSAZ	N/A
48554	TRANSPLANTALLOGRAFT PANCREAS	SURGERY	BCBSAZ	N/A
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	RADIATION ONCOLOGY	eviCore	N/A
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
50360	RENAL ALLOTTRANSPLANT IMPLANT OF GRAFT WO RECIPIENT NEPHRECTOMY	SURGERY	BCBSAZ	N/A
50365	RENAL HOMOTRANSPLANTATION WITH RECIPIENT NEPHRECTOMY	SURGERY	BCBSAZ	N/A
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	SURGERY	BCBSAZ	N/A
53410	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	SURGERY	BCBSAZ	N/A
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, 1-STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA	SURGERY	BCBSAZ	N/A
53420	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	SURGERY	BCBSAZ	N/A
53425	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	SURGERY	BCBSAZ	N/A
54380	PLASTC OP PENIS EPISPDS DESTL	SURGERY	BCBSAZ	N/A
54385	PLSTC OP PENS EPISPDS DISTL XT	SURGERY	BCBSAZ	N/A
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER	SURGERY	BCBSAZ	N/A
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	SURGERY	BCBSAZ	N/A
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	SURGERY	BCBSAZ	N/A
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	SURGERY	BCBSAZ	N/A
54406	REM MULTI-COMPON INFLAT PENILE PROST W/O REPLACMNT	SURGERY	BCBSAZ	N/A
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	SURGERY	BCBSAZ	N/A
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	SURGERY	BCBSAZ	N/A
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	SURGERY	BCBSAZ	N/A

54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT OF PROSTHESIS	SURGERY	BCBSAZ	N/A
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	SURGERY	BCBSAZ	N/A
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	SURGERY	BCBSAZ	N/A
54660	INSERTION TESTICULAR PROSTHESI	SURGERY	BCBSAZ	N/A
55150	RESECTION OF SCROTUM	SURGERY	BCBSAZ	N/A
55875	TRANSURETHRAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYTOSCOPY	RADIATION ONCOLOGY	eviCore	N/A
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	RADIATION ONCOLOGY	eviCore	N/A
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	RADIATION ONCOLOGY	eviCore	N/A
55970	INTERSEX SURGERY: MALE TO FEMALE	SURGERY	BCBSAZ	N/A
55980	INTER SEX SURGERY: FEMALE TO MALE	SURGERY	BCBSAZ	N/A
56625	VULVECTOMY SIMPLE; COMPLETE	SURGERY	BCBSAZ	N/A
56800	PLASTIC REPAIR OF INTROITUS	SURGERY	BCBSAZ	N/A
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	SURGERY	BCBSAZ	N/A
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	SURGERY	BCBSAZ	N/A
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	SURGERY	BCBSAZ	N/A
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	RADIATION ONCOLOGY	eviCore	N/A
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	RADIATION ONCOLOGY	eviCore	N/A
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; VAGINAL APPROACH	SURGERY	BCBSAZ	N/A
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	SURGERY	BCBSAZ	N/A
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	SURGERY	BCBSAZ	N/A
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	SURGERY	BCBSAZ	N/A
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	RADIATION ONCOLOGY	eviCore	N/A
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL	SURGERY	BCBSAZ	N/A
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	RADIATION ONCOLOGY	eviCore	N/A
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	RADIATION ONCOLOGY	eviCore	N/A
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 2 OR MORE DAYS	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S), WHEN PERFORMED, SINGLE OR MULTIPLE LEVELS, LUMBAR	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE, OR MULTIPLE LEVELS, LUMBAR	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A

62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR; NONPROGRAMMABLE PUMP	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINECTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR	SURGERY	eviCore	N/A
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; CERVICAL	SURGERY	eviCore	N/A
63003	LAMINECTOMY W/EXPLORATION SPINAL CORD; THORACIC	SURGERY	BCBSAZ	N/A
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	SURGERY	eviCore	N/A
63011	LAMINECTOMY W/EXPLORATION SPINAL CORD; SACRAL	SURGERY	BCBSAZ	N/A
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTERARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR SPONDYLOLISTHESIS, LUMBAR (GILL TYPE PROCEDURE)	SURGERY	eviCore	N/A
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	SURGERY	eviCore	N/A
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	SURGERY	eviCore	N/A
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	SURGERY	eviCore	N/A
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	SURGERY	eviCore	N/A
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; CERVICAL	SURGERY	eviCore	N/A
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR	SURGERY	eviCore	N/A
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL CERVICAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	SURGERY	eviCore	N/A
63046	LAMINECTOMY, SINGLE VERT SEGMENT; THORACIC	SURGERY	BCBSAZ	N/A
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	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS	SURGERY	eviCore	N/A
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES (EG, WIRE, SUTURE, MINI-PLATES), WHEN PERFORMED)	SURGERY	eviCore	N/A
63055	TRANSPEDICULAR APPR FOR DECOMP	SURGERY	BCBSAZ	N/A
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)	SURGERY	eviCore	N/A



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)	SURGERY	eviCore	N/A
63064	CSTVRTBRL DECOMPRSSN CORD OR N	SURGERY	BCBSAZ	N/A
63066	COSTOVERTEBRAL APPROACH DECOMP	SURGERY	BCBSAZ	N/A
63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
63077	DISCECTOMY, ANT, W/ DECOMPRESSION SPINAL CORD; THORACIC, SINGLE INTERSPACE	SURGERY	BCBSAZ	N/A
63078	DISCECTOMY, THORACIC, EACH ADDITIONAL INTERSPACE	SURGERY	BCBSAZ	N/A
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
63085	VERTEBRAL CORPECTOMY, PARTIAL/COMP, TRANSTHORACIC APPROACH; THORACIC, SINGLE SEGMENT	SURGERY	BCBSAZ	N/A
63086	VERTEBRAL CORPECTOMY, PARTIAL/COMP, TRANSTHORACIC APPROACH; THORACIC, EACH ADDITIONAL SEGMENT	SURGERY	BCBSAZ	N/A
63087	VERTEBRAL CORPECTOMY, PARTIAL/COMP, COMB THORACOLUMBAR; LOW THORACIC/LUMBAR, SINGLE SEGMENT	SURGERY	BCBSAZ	N/A
63088	VERTEBRAL CORPECTOMY, PARTIAL/COMP, COMB THORACOLUMBAR; LOW THORACIC/LUMBAR, EACH ADDITIONAL SEGMENT	SURGERY	BCBSAZ	N/A
63090	VERTEBRAL CORPECTOMY, PARTIAL/COMP, LOW THORACIC/LUMBAR/SACRAL; SINGLE SEGMENT	SURGERY	BCBSAZ	N/A
63091	VERTEBRAL CORPECTOMY, PARTIAL/COMP, LOW THORACIC/LUMBAR/SACRAL; EACH ADDITIONAL SEGMENT	SURGERY	BCBSAZ	N/A
63101	VERT CORPECT PARTIAL/COMPLETE, W/ DECOMPRESSION THORACIC, SINGLE SEGMENT	SURGERY	BCBSAZ	N/A
63102	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; THORACIC, SINGLE SEGMENT	SURGERY	BCBSAZ	N/A
63103	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; THORACIC/LUMBAR, EACH ADDITIONAL SEGMENT	SURGERY	BCBSAZ	N/A
63170	LAMINECTOMY MYELOCTOMY, CERVICAL	SURGERY	BCBSAZ	N/A
63190	LAMINECTOMY RHIZOTOMY, MORE THAN 2 SEGMENTS	SURGERY	BCBSAZ	N/A
63250	LAMINECTOMY FOR EXCISION AV MALFORMATION OF SPINAL CORD; CERVICAL	SURGERY	BCBSAZ	N/A
63251	LAMINECTOMY EXCISION AV MALFORMATION OF SPINAL CORD; THORACOLUMBAR	SURGERY	BCBSAZ	N/A
63252	LAMINECTOMY FOR EXCISION AV MALFORMATION OF SPINAL CORD; THORACOLUMBAR	SURGERY	BCBSAZ	N/A
63268	LAMINECTOMY EXCISION OF INTRAS	SURGERY	BCBSAZ	N/A
63300	VERTEBRAL CORPECTOMY PART OR COMPLETE	SURGERY	BCBSAZ	N/A
63301	EXTRADURAL THORACIC TRANS APP	SURGERY	BCBSAZ	N/A
63302	VERTEBRAL CORPECTOMY PART OR COMPLETE	SURGERY	BCBSAZ	N/A
63305	VERTEBRAL CORPECTOMY PART OR COMPLETE	SURGERY	BCBSAZ	N/A
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
63663	REVISION OF SPINAL ELECTRODE ARRAYS PERCUTANEOUSLY W/ REPLACEMENT IF PERFORMED	SURGERY	BCBSAZ	N/A
63664	REVISION OF SPINAL ELECTRODE PLATES OR PADDLES BY LAMINOTOMY OR LAMINECTOMY	SURGERY	BCBSAZ	N/A
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
63688	REVISE/ REMOVE IMPLANTED SPINAL NEUROSTIM PULSE GENERATOR/RECEIVER	SURGERY	BCBSAZ	N/A
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAJ JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64510	INJECTION, ANESTHETIC AGENT, STELLATE GANGLION (CERVICAL)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE	SURGERY	BCBSAZ	N/A
64561	PERO IMPLANT OF NEURO ELECTRODE ARRAY; SACRAL NERVE INCL IMAGE GUIDANCE IF DONE	SURGERY	BCBSAZ	N/A

64566	POSTERIOR TIBIAL NERUOSTIM, PERX NEEDLE ELECTRODE 1 TRXMNT, INCLUDE PROGRAMMING	SURGERY	BCBSAZ	N/A
64568	INCISION FOR IMPLAN OF CRANIAL NERVE, NEUROSTIM ELECTRODE ARRAY/PULSE GENERATOR	SURGERY	BCBSAZ	N/A
64581	INCIS IMPLANTATION NEUROSTIM ELECTRODES; SACRAL	SURGERY	BCBSAZ	N/A
64590	INSERT/REPLACE PERIPHERAL/GASTRIC NEUROSTIMULATOR PULSE GENERATOR/RECEIVER	SURGERY	BCBSAZ	N/A
64595	REVISION/REMOVAL OF PERIPHERAL/GASTRIC NEUROSTIMULATOR PULSE GENERATOR/RECEIVER	SURGERY	BCBSAZ	N/A
64611	CHEMODENERVATION OF MUSCLE(S); INNERVATED BY FACIAL NERVE	SURGERY	BCBSAZ	N/A
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	SURGERY	BCBSAZ	N/A
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVES BILATERAL	SURGERY	BCBSAZ	N/A
64616	UNILATERAL CHEMODENERVATION OF NECK MUSCLE(S)	SURGERY	BCBSAZ	N/A
64617	UNILATERAL PERO CHEMODENERVATION OF THE LARNX INCL EMG IF PERFOREMD	SURGERY	BCBSAZ	N/A
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	SURGERY	BCBSAZ	N/A
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	SURGERY	BCBSAZ	N/A
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	SURGERY	BCBSAZ	N/A
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
64640	DESTRUCTION BY NEUROLYTIC AGENT, OTHER PERIPH NERVE BRANCH	SURGERY	BCBSAZ	N/A
64642	CHEMODENERVATION OF AN EXTREMITY 1-4 MUSCLES OF ONE EXTREMITY	SURGERY	BCBSAZ	N/A
64643	CHEMODENERVATION OF AN EXTREMITY 1-4 MUSCLES OF ONE EXTRMITY; EA ADDL EXTREMITY	SURGERY	BCBSAZ	N/A
64644	CHEMODENERVATION OF AN EXTREMITY 5 OR MORE MUSCLES OF ONE EXTREMITY	SURGERY	BCBSAZ	N/A
64646	CHEMODENERVATION OF TRUNK 1-5 TRUNK MUSCLES	SURGERY	BCBSAZ	N/A
64647	CHEMODENERVATION OF TRUNK MUSCLES; FOR 6 OR MORE TRUNK MUSCLES	SURGERY	BCBSAZ	N/A
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXI:AE	SURGERY	BCBSAZ	N/A
64680	DESTRUCTION BY NEUROLYTIC AGENT; CELIAC PLEXUS	SURGERY	BCBSAZ	N/A
64681	DESTRUCTION BY NEUROLYTIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	SURGERY	BCBSAZ	N/A
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	SURGERY	BCBSAZ	N/A
67900	REPAIR OF BROW PTOSIS	SURGERY	BCBSAZ	N/A
67901	REPAIR BLEPHAROPTOSIS FRONTALIS MUSCLE TECHNIQUE W SUTURE OR OTHER MATERIAL	SURGERY	BCBSAZ	N/A
67902	REPAIR BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE W/FASCIAL SLING	SURGERY	BCBSAZ	N/A
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	SURGERY	BCBSAZ	N/A
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION, EXT APPROACH	SURGERY	BCBSAZ	N/A
67906	SUPERIOR RECTUS TECH W/FASCIAL SLING	SURGERY	BCBSAZ	N/A
67908	CONJUNCTIVO-TARSO-LEVATOR RESECTION	SURGERY	BCBSAZ	N/A
67911	CORRECTION OF LID RETRACTION	SURGERY	BCBSAZ	N/A
69714	TEMPORAL BONE IMPLANT W/O MASTOIDECTOMY	SURGERY	BCBSAZ	N/A
69930	COCHLEAR DEVICE IMPLANTATION W/ OR W/O MASTOIDECTOMY	SURGERY	BCBSAZ	N/A
70336	M R I T M J	RADIOLOGY	eviCore	N/A
70450	C T HEAD WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70460	C T HEAD WITH CONTRAST	RADIOLOGY	eviCore	N/A
70470	C T HEAD WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
70480	C T ORBIT WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70481	C T ORBIT WITH CONTRAST	RADIOLOGY	eviCore	N/A
70482	C T ORBIT WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
70486	C T MAXILLOFACIAL WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70487	C T MAXILLOFACIAL WITH CONTRAST	RADIOLOGY	eviCore	N/A
70488	C T MAXILLOFACIAL WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
70490	C T SOFT TISSUE NECK WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70491	C T SOFT TISSUE NECK WITH CONTRAST	RADIOLOGY	eviCore	N/A
70492	C T SOFT TISSUE NECK WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
70496	C T ANGIOGRAPHY HEAD	RADIOLOGY	eviCore	N/A
70498	C T ANGIOGRAPHY NECK	RADIOLOGY	eviCore	N/A
70540	M R I ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70542	M R I FACE, ORBIT, AND/OR NECK WITH CONTRAST	RADIOLOGY	eviCore	N/A
70543	M R I FACE, ORBIT, AND/OR NECK WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70544	M R A HEAD WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70545	M R A HEAD WITH CONTRAST	RADIOLOGY	eviCore	N/A
70546	M R A HEAD WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70547	M R A NECK WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70548	M R A NECK WITH CONTRAST	RADIOLOGY	eviCore	N/A
70549	M R A NECK WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70551	M R I HEAD WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70552	M R I HEAD WITH CONTRAST	RADIOLOGY	eviCore	N/A
70553	M R I HEAD WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
70554	MRI BRAIN FUNCTIONAL MRI	RADIOLOGY	eviCore	N/A
70555	MRI BRAIN FUNCTIONAL MRI, REQUIRING PHYSICIAN	RADIOLOGY	eviCore	N/A
71250	C T THORAX WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
71260	C T THORAX WITH CONTRAST	RADIOLOGY	eviCore	N/A
71270	C T THORAX WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
71271	COMPUTED TOMOGRAPHY THORAX LOW DOSAGE LUNG CANCER SCREENING W/O CONTRAST MTL(S)	RADIOLOGY	eviCore	N/A
71275	C T ANGIOGRAPHY CHEST WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SECTIONS, INCLUDING IMAGE POSTPROCESSING	RADIOLOGY	eviCore	N/A
71550	M R I CHEST WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
71551	M R I CHEST WITH CONTRAST	RADIOLOGY	eviCore	N/A
71552	M R I CHEST WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
71555	M R A CHEST (EXCLUDING MYOCARDIUM) WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72125	C T CERVICAL SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72126	C T CERVICAL SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A
72127	C T CERVICAL SPINE WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
72128	C T THORACIC SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72129	C T THORACIC SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A
72130	C T THORACIC SPINE WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
72131	C T LUMBAR SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72132	C T LUMBAR SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A
72133	C T LUMBAR SPINE WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
72141	M R I CERVICAL SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72142	M R I CERVICAL SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A

72146	M R I THORACIC SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72147	M R I THORACIC SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A
72148	M R I LUMBAR SPINE WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72149	M R I LUMBAR SPINE WITH CONTRAST	RADIOLOGY	eviCore	N/A
72156	M R I CERVICAL SPINE WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72157	M R I THORACIC SPINE WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72158	M R I LUMBAR SPINE WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72159	M R A SPINAL CANAL WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72191	C T ANGIOGRAPHY PELVIS	RADIOLOGY	eviCore	N/A
72192	C T PELVIS WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72193	C T PELVIS WITH CONTRAST	RADIOLOGY	eviCore	N/A
72194	C T PELVIS WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
72195	M R I PELVIS WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72196	M R I PELVIS WITH CONTRAST	RADIOLOGY	eviCore	N/A
72197	M R I PELVIS WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
72198	M R A PELVIS WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73200	C T UPPER EXTREMITY WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73201	C T UPPER EXTREMITY WITH CONTRAST	RADIOLOGY	eviCore	N/A
73202	C T UPPER EXTREMITY WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
73206	C T ANGIOGRAPHY UPPER EXTREMITY	RADIOLOGY	eviCore	N/A
73218	M R I UPPER EXTREMITY WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73219	M R I UPPER EXTREMITY WITH CONTRAST	RADIOLOGY	eviCore	N/A
73220	M R I UPPER EXTREMITY WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73221	M R I UPPER EXTREMITY JOINT WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73222	M R I UPPER EXTREMITY JOINT WITH CONTRAST	RADIOLOGY	eviCore	N/A
73223	M R I UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73225	M R A UPPER EXTREMITY WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73700	C T LOWER EXTREMITY WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73701	C T LOWER EXTREMITY WITH CONTRAST	RADIOLOGY	eviCore	N/A
73702	C T LOWER EXTREMITY WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
73706	C T ANGIOGRAPHY LOWER EXTREMITY	RADIOLOGY	eviCore	N/A
73718	M R I LOWER EXTREMITY WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73719	M R I LOWER EXTREMITY WITH CONTRAST	RADIOLOGY	eviCore	N/A
73720	M R I LOWER EXTREMITY WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73721	M R I LOWER EXTREMITY JOINT WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73722	M R I LOWER EXTREMITY JOINT WITH CONTRAST	RADIOLOGY	eviCore	N/A
73723	M R I LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
73725	M R A LOWER EXTREMITY WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74150	C T ABDOMEN WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74160	C T ABDOMEN WITH CONTRAST	RADIOLOGY	eviCore	N/A
74170	C T ABDOMEN WITHOUT & WITH CONTRAST	RADIOLOGY	eviCore	N/A
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	RADIOLOGY	eviCore	N/A
74175	C T ANGIOGRAPHY ABDOMEN	RADIOLOGY	eviCore	N/A
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	RADIOLOGY	eviCore	N/A
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	RADIOLOGY	eviCore	N/A
74181	M R I ABDOMEN WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74182	M R I ABDOMEN WITH CONTRAST	RADIOLOGY	eviCore	N/A
74183	M R I ABDOMEN WITH & WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74185	M R A ABDOMEN WITH OR WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	RADIOLOGY	eviCore	N/A
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	RADIOLOGY	eviCore	N/A
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	RADIOLOGY	eviCore	N/A
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	RADIOLOGY	eviCore	N/A
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIOLOGY	eviCore	N/A
75571	CT ANGIO W/O CONTR MATRL INCLD IMAGE POSTPROCESS/QUANT EVAL OF CORONARY CALCIUM	RADIOLOGY	BCBSAZ	N/A
75574	USE COMPUTED TOMOGRAPHY (CT) WITH INSTILLATION OF CONTRAST TO EXAMINE ANY DEFECT OR ABNORMALITY IN THE HEART OR CORONARY ARTERY OR ANY ABNORMALITY DUE TO AN ALREADY PRESENT BYPASS GRAFT.	RADIOLOGY	BCBSAZ	N/A
75635	C T ANGIOGRAPHY ABDOMINAL AORTA	RADIOLOGY	eviCore	N/A
76376	3D RENDERING W/O POSTPROCESSING	RADIOLOGY	eviCore	N/A
76377	3D RENDERING W POSTPROCESSING	RADIOLOGY	eviCore	N/A
76380	C T LIMITED OR LOCALIZED FOLLOW-UP STUDY	RADIOLOGY	eviCore	N/A
76390	M R I SPECTROSCOPY	RADIOLOGY	eviCore	N/A
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	RADIOLOGY	eviCore	N/A
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	RADIOLOGY	eviCore	N/A
76498	UNLISTED MRI PROCEDURE	RADIOLOGY	eviCore	N/A
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	RADIATION ONCOLOGY	eviCore	N/A
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); INITIAL LESION	RADIOLOGY	eviCore	N/A
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); EACH ADDITIONAL LESION WITH SEPARATE INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIOLOGY	eviCore	N/A
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	RADIATION ONCOLOGY	eviCore	N/A
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	RADIOLOGY	eviCore	N/A
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	RADIOLOGY	eviCore	N/A
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	RADIOLOGY	eviCore	N/A
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	RADIOLOGY	eviCore	N/A
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED, UNILATERAL	RADIOLOGY	eviCore	N/A
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED, BILATERAL	RADIOLOGY	eviCore	N/A
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	RADIOLOGY	eviCore	N/A
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	RADIOLOGY	eviCore	N/A

77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	RADIATION ONCOLOGY	eviCore	N/A
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	RADIATION ONCOLOGY	eviCore	N/A
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	RADIATION ONCOLOGY	eviCore	N/A
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	RADIATION ONCOLOGY	eviCore	N/A
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIATION ONCOLOGY	eviCore	N/A
77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	RADIATION ONCOLOGY	eviCore	N/A
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	RADIATION ONCOLOGY	eviCore	N/A
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE, AS REQUIRED DURING COURSE OF TREATMENT, ONL	RADIATION ONCOLOGY	eviCore	N/A
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	RADIATION ONCOLOGY	eviCore	N/A
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY CALCULATION(S)	RADIATION ONCOLOGY	eviCore	N/A
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	RADIATION ONCOLOGY	eviCore	N/A
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 1 CHANNEL), INCLUDES BASIC DOSIMETRY CALCULATION(S)	RADIATION ONCOLOGY	eviCore	N/A
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	RADIATION ONCOLOGY	eviCore	N/A
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	RADIATION ONCOLOGY	eviCore	N/A
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	RADIATION ONCOLOGY	eviCore	N/A
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	RADIATION ONCOLOGY	eviCore	N/A
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	RADIATION ONCOLOGY	eviCore	N/A
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	RADIATION ONCOLOGY	eviCore	N/A
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	RADIATION ONCOLOGY	eviCore	N/A
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	RADIATION ONCOLOGY	eviCore	N/A
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	RADIATION ONCOLOGY	eviCore	N/A
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	RADIATION ONCOLOGY	eviCore	N/A
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	RADIATION ONCOLOGY	eviCore	N/A
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	RADIATION ONCOLOGY	eviCore	N/A
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	RADIATION ONCOLOGY	eviCore	N/A
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	RADIATION ONCOLOGY	eviCore	N/A
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	RADIATION ONCOLOGY	eviCore	N/A
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	RADIATION ONCOLOGY	eviCore	N/A
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	RADIATION ONCOLOGY	eviCore	N/A
77402	RADIATION TREATMENT DELIVERY, >1 MEV; SIMPLE	RADIATION ONCOLOGY	eviCore	N/A
77407	RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS; THREE OR MORE PORTS ON A SINGLE TREATMENT AREA; OR THREE OR MORE SIMPLE BLOCKS; >=1 MEV; INTERMEDIATE	RADIATION ONCOLOGY	eviCore	N/A
77412	RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING; TANGENTIAL PORTS; WEDGES; ROTATIONAL BEAM; FIELD-IN-FIELD OR OTHER TISSUE COMPENSATION THAT DOES NOT MEET IMRT GUIDELINES; OR ELECTRON BEAM; >=1 MEV; COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	RADIATION ONCOLOGY	eviCore	N/A
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/OR WEDGE, AND/OR COMPENSATOR(S)	RADIATION ONCOLOGY	eviCore	N/A
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	RADIATION ONCOLOGY	eviCore	N/A
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	RADIATION ONCOLOGY	eviCore	N/A
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	RADIATION ONCOLOGY	eviCore	N/A
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY	RADIATION ONCOLOGY	eviCore	N/A
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION)	RADIATION ONCOLOGY	eviCore	N/A
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	RADIATION ONCOLOGY	eviCore	N/A
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	RADIATION ONCOLOGY	eviCore	N/A
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	RADIATION ONCOLOGY	eviCore	N/A
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	RADIATION ONCOLOGY	eviCore	N/A
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	RADIATION ONCOLOGY	eviCore	N/A
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	RADIATION ONCOLOGY	eviCore	N/A
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	RADIATION ONCOLOGY	eviCore	N/A
77525	PROTON TREATMENT DELIVERY; COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	RADIATION ONCOLOGY	eviCore	N/A
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	RADIATION ONCOLOGY	eviCore	N/A
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	RADIATION ONCOLOGY	eviCore	N/A

77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	RADIATION ONCOLOGY	eviCore	N/A
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	RADIATION ONCOLOGY	eviCore	N/A
77750	INFUSION OR INSTALLATION OF RADIOELEMENT SOLUTION (INCLUDES 3-MONTH FOLLOW-UP CARE)	RADIATION ONCOLOGY	eviCore	N/A
77761	INTRACAVITARY RADIATION SOURCE APPLICATION: SIMPLE	RADIATION ONCOLOGY	eviCore	N/A
77762	INTRACAVITARY RADIATION SOURCE APPLICATION: INTERMEDIATE	RADIATION ONCOLOGY	eviCore	N/A
77763	INTRACAVITARY RADIATION SOURCE APPLICATION: COMPLEX	RADIATION ONCOLOGY	eviCore	N/A
77767	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL	RADIATION ONCOLOGY	eviCore	N/A
77768	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS, OR MULTIPLE LESIONS	RADIATION ONCOLOGY	eviCore	N/A
77770	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 1 CHANNEL	RADIATION ONCOLOGY	eviCore	N/A
77771	HDR RADIONUCLIDE RATE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 2 TO 12 CHANNELS	RADIATION ONCOLOGY	eviCore	N/A
77772	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; OVER 12 CHANNELS	RADIATION ONCOLOGY	eviCore	N/A
77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE WHEN PERFORMED	RADIATION ONCOLOGY	eviCore	N/A
77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE	RADIATION ONCOLOGY	eviCore	N/A
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	RADIATION ONCOLOGY	eviCore	N/A
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY (THIS CODE TO BE USED IN PLACE OF 77776 AND 77777)	RADIATION ONCOLOGY	eviCore	N/A
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	RADIOLOGY	eviCore	N/A
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	RADIOLOGY	eviCore	N/A
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	RADIOLOGY	eviCore	N/A
78015	THYROID MET IMAGING	RADIOLOGY	eviCore	N/A
78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES	RADIOLOGY	eviCore	N/A
78018	THYROID SCAN WHOLE BODY	RADIOLOGY	eviCore	N/A
78020	THYROID CARCINOMA METASTASES UPTAKE	RADIOLOGY	eviCore	N/A
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)	RADIOLOGY	eviCore	N/A
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	RADIOLOGY	eviCore	N/A
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	RADIOLOGY	eviCore	N/A
78075	ADRENAL NUCLEAR IMAGING	RADIOLOGY	eviCore	N/A
78102	BONE MARROW IMAGING, LIMITED	RADIOLOGY	eviCore	N/A
78103	BONE MARROW IMAGING, MULTIPLE	RADIOLOGY	eviCore	N/A
78104	BONE MARROW IMAGING, WHOLE BODY	RADIOLOGY	eviCore	N/A
78185	SPLEEN IMAGING WITH & WITHOUT VASCULAR FLOW	RADIOLOGY	eviCore	N/A
78195	LYMPH SYSTEM IMAGING	RADIOLOGY	eviCore	N/A
78201	LIVER IMAGING	RADIOLOGY	eviCore	N/A
78202	LIVER IMAGING WITH FLOW	RADIOLOGY	eviCore	N/A
78215	LIVER & SPLEEN IMAGING	RADIOLOGY	eviCore	N/A
78216	LIVER & SPLEEN IMAGING WITH FLOW	RADIOLOGY	eviCore	N/A
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	RADIOLOGY	eviCore	N/A
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	RADIOLOGY	eviCore	N/A
78230	SALIVARY GLAND IMAGING	RADIOLOGY	eviCore	N/A
78231	SERIAL SALIVARY GLAND	RADIOLOGY	eviCore	N/A
78232	SALIVARY GLAND FUNCTION EXAM	RADIOLOGY	eviCore	N/A
78258	ESOPHOGUS MOTILITY STUDY	RADIOLOGY	eviCore	N/A
78261	GASTRIC MUCOSA IMAGING	RADIOLOGY	eviCore	N/A
78262	GASTROESOPHAGEAL REFLUX EXAM	RADIOLOGY	eviCore	N/A
78264	GASTRIC EMPTYING STUDY	RADIOLOGY	eviCore	N/A
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TRANSIT	RADIOLOGY	eviCore	N/A
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AND COLON TRANSIT, MULTIPLE DAYS	RADIOLOGY	eviCore	N/A
78278	GI BLEEDER SCAN	RADIOLOGY	eviCore	N/A
78290	MECKELS DIVERTICULUM IMAGING	RADIOLOGY	eviCore	N/A
78291	LEVEEN SHUNT PATENCY EXAM	RADIOLOGY	eviCore	N/A
78300	BONE OR JOINT IMAGING LIMITED	RADIOLOGY	eviCore	N/A
78305	BONE OR JOINT IMAGING MULTIPLE	RADIOLOGY	eviCore	N/A
78306	BONE SCAN WHOLE BODY	RADIOLOGY	eviCore	N/A
78315	BONE SCAN 3 PHASE STUDY	RADIOLOGY	eviCore	N/A
78445	RADIONUCLIDE VENOGRAM NON-CARDIAC	RADIOLOGY	eviCore	N/A
78456	ACUTE VENOUS THROMBOSIS IMAGING	RADIOLOGY	eviCore	N/A
78457	VENOUS THROMBOSIS IMAGING UNILATERAL	RADIOLOGY	eviCore	N/A
78458	VENOUS THROMBOSIS IMAGES, BILATERAL	RADIOLOGY	eviCore	N/A
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	RADIOLOGY	eviCore	N/A
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	RADIOLOGY	eviCore	N/A
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	RADIOLOGY	eviCore	N/A
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	RADIOLOGY	eviCore	N/A
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED	RADIOLOGY	eviCore	N/A
78600	BRAIN IMAGING LIMITED STATIC	RADIOLOGY	eviCore	N/A
78601	BRAIN LIMITED IMAGING AND FLOW	RADIOLOGY	eviCore	N/A
78605	BRAIN IMAGING COMPLETE	RADIOLOGY	eviCore	N/A
78606	BRAIN IMAGING COMPLETE WITH FLOW	RADIOLOGY	eviCore	N/A
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION	RADIOLOGY	eviCore	N/A
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION	RADIOLOGY	eviCore	N/A
78610	BRAIN FLOW IMAGING ONLY	RADIOLOGY	eviCore	N/A
78630	CISTERNOGRAM (CEREBROSPINAL FLUID FLOW)	RADIOLOGY	eviCore	N/A
78635	CEREBROSPINAL VENTRICULOGRAPHY	RADIOLOGY	eviCore	N/A
78645	CSF SHUNT EVALUATION	RADIOLOGY	eviCore	N/A
78650	C S F LEAKAGE DETECTION AND LOCALIZATION	RADIOLOGY	eviCore	N/A
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	RADIOLOGY	eviCore	N/A
78699	UNLISTED NUCLEAR MEDICINE PROCEDURES ON THE NERVOUS SYSTEM	RADIOLOGY	eviCore	N/A
78700	KIDNEY IMAGING MORPHOLOGY	RADIOLOGY	eviCore	N/A
78701	KIDNEY IMAGING WITH VASCULAR FLOW	RADIOLOGY	eviCore	N/A
78707	KIDNEY IMAGING WITH VASCULAR FLOW & FUNCTION SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	RADIOLOGY	eviCore	N/A
78708	KIDNEY IMAGING SINGLE STUDY WITH PHARMACOLOGICAL INTERVENTION	RADIOLOGY	eviCore	N/A
78709	KIDNEY IMAGING - MULTIPLE STUDIES WITHOUT & WITH PHARMACOLOGICAL INTERVENTION	RADIOLOGY	eviCore	N/A
78725	KIDNEY FUNCTION STUDY - NON-IMAGING RADIOISOTOPIC	RADIOLOGY	eviCore	N/A
78730	URINARY BLADDER RESIDUAL STUDY	RADIOLOGY	eviCore	N/A
78740	URETERAL REFLUX STUDY	RADIOLOGY	eviCore	N/A
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	RADIOLOGY	eviCore	N/A

78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE LIMITED AREA (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE	RADIOLOGY	eviCore	N/A
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, 2 OR MORE MULTIPLE AREAS (EG, ABDOMEN AND PELVIS, HEAD AND CHEST), 1 OR MORE DAYS IMAGING OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS	RADIOLOGY	eviCore	N/A
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, WHOLE BODY, SINGLE DAY IMAGING	RADIOLOGY	eviCore	N/A
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS), SINGLE DAY IMAGING	RADIOLOGY	eviCore	N/A
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING	RADIOLOGY	eviCore	N/A
78811	PET IMAGING; LIMITED AREA	RADIOLOGY	eviCore	N/A
78812	PET IMAGING; SKULL BASE TO MID-THIGH	RADIOLOGY	eviCore	N/A
78813	PET IMAGING; WHOLE BODY	RADIOLOGY	eviCore	N/A
78814	PET WITH CONCURRENTLY ACQUIRED CT; LIMITED AREA	RADIOLOGY	eviCore	N/A
78815	PET WITH CONCURRENTLY ACQUIRED CT; SKULL BASE TO MID-THIGH	RADIOLOGY	eviCore	N/A
78816	PET WITH CONCURRENTLY ACQUIRED CT; WHOLE BODY	RADIOLOGY	eviCore	N/A
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS), SINGLE DAY IMAGING	RADIOLOGY	eviCore	N/A
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), MINIMUM 2 AREAS (EG, PELVIS AND KNEES, ABDOMEN AND PELVIS), SINGLE DAY IMAGING, OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS	RADIOLOGY	eviCore	N/A
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); UNLISTED PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE-RADIATION THERAPY TREATMENT PLANNING	RADIOLOGY	eviCore	N/A
78999	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION; USED FOR I-131 TREATMENT	RADIOLOGY	eviCore	N/A
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION; USED FOR I-131 TREATMENT	RADIATION ONCOLOGY	eviCore	N/A
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	RADIATION ONCOLOGY	eviCore	N/A
79300	RADIOPHARM TX BY INTERSTITIAL RADIOACTIVE COLLOID ADMIN	NUCLEAR MEDICINE	BCBSAZ	N/A
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	RADIATION ONCOLOGY	eviCore	N/A
79445	RADIOPHARM TX BY INTRA-ARTERIAL PARTICULATE ADMIN	NUCLEAR MEDICINE	BCBSAZ	N/A
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROC	NUCLEAR MEDICINE	BCBSAZ	N/A
81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	LAB MANAGEMENT	eviCore	N/A
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	LAB MANAGEMENT	eviCore	N/A
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	LAB MANAGEMENT	eviCore	N/A
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	LAB MANAGEMENT	eviCore	N/A
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT (S)	LAB MANAGEMENT	eviCore	N/A
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	LAB MANAGEMENT	eviCore	N/A
81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81215	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81216	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81217	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A

81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)	LAB MANAGEMENT	eviCore	N/A
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	LAB MANAGEMENT	eviCore	N/A
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)	LAB MANAGEMENT	eviCore	N/A
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)	LAB MANAGEMENT	eviCore	N/A
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	LAB MANAGEMENT	eviCore	N/A
81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	LAB MANAGEMENT	eviCore	N/A
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	LAB MANAGEMENT	eviCore	N/A
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	LAB MANAGEMENT	eviCore	N/A
81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	LAB MANAGEMENT	eviCore	N/A
81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, CONSTANT SPRING)	LAB MANAGEMENT	eviCore	N/A
81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES	LAB MANAGEMENT	eviCore	N/A
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT	LAB MANAGEMENT	eviCore	N/A
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	LAB MANAGEMENT	eviCore	N/A
81291	MTHFR (5,10-METHYLENETHETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	LAB MANAGEMENT	eviCore	N/A
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)	LAB MANAGEMENT	eviCore	N/A
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81313	PC3A/3KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG, PROSTATE CANCER)	LAB MANAGEMENT	eviCore	N/A
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CERVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CERVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	LAB MANAGEMENT	eviCore	N/A
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CERVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	LAB MANAGEMENT	eviCore	N/A
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A

81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	LAB MANAGEMENT	eviCore	N/A
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	LAB MANAGEMENT	eviCore	N/A
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	LAB MANAGEMENT	eviCore	N/A
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE VARIANT(S)	LAB MANAGEMENT	eviCore	N/A
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	LAB MANAGEMENT	eviCore	N/A
81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)	LAB MANAGEMENT	eviCore	N/A
81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	LAB MANAGEMENT	eviCore	N/A
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000C>T)	LAB MANAGEMENT	eviCore	N/A
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	LAB MANAGEMENT	eviCore	N/A
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	LAB MANAGEMENT	eviCore	N/A
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	LAB MANAGEMENT	eviCore	N/A
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	LAB MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT)	LAB MANAGEMENT	eviCore	N/A
81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])	LAB MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 6-10 EXONS, OR CHARACTERIZATION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT BY SOUTHERN BLOT ANALYSIS)	LAB MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	LAB MANAGEMENT	eviCore	N/A
81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	LAB MANAGEMENT	eviCore	N/A
81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A



81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	LAB MANAGEMENT	eviCore	N/A
81418	DRUG METABOLISM (EG, PHARMACOGENOMICS) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE TESTING OF AT LEAST 6 GENES, INCLUDING CYP2C19, CYP206, AND CYP206 DUPLICATION/DELETION ANALYSIS	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	LAB MANAGEMENT	eviCore	N/A
81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
81427	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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, PTEN, STK11, AND TP53	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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, RRG, AND USH2A	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
81436	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK11	LAB MANAGEMENT	eviCore	N/A
81437	HEREDITARY ENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES, INCLUDING MAX, SDHB, SDHC, SDHD, TMEM127, AND VHL	LAB MANAGEMENT	eviCore	N/A
81438	HEREDITARY ENDOCRINE 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	LAB MANAGEMENT	eviCore	N/A
81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 CARDIOMYOPATHY-RELATED GENES (EG, DSG2, MYBPC3, MYH7, PKP2, TTN)	LAB MANAGEMENT	eviCore	N/A
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES, INCLUDING BCS1L, C10ORF2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, AND TYMP	LAB MANAGEMENT	eviCore	N/A
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, RADS1C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, AND TIN2	LAB MANAGEMENT	eviCore	N/A
81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, AND SOS1	LAB MANAGEMENT	eviCore	N/A
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	LAB MANAGEMENT	eviCore	N/A

81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED	LAB MANAGEMENT	eviCore	N/A
81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	LAB MANAGEMENT	eviCore	N/A
81449	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, FANGC, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, AND TINF2	LAB MANAGEMENT	eviCore	N/A
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED	LAB MANAGEMENT	eviCore	N/A
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED	LAB MANAGEMENT	eviCore	N/A
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 MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	LAB MANAGEMENT	eviCore	N/A
81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OPTIC NEUROPATHY [LHON]), GENOMIC SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE MITOCHONDRIAL GENOME WITH HETEROPLASMY DETECTION	LAB MANAGEMENT	eviCore	N/A
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	LAB MANAGEMENT	eviCore	N/A
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, IL1RAPL1, KDM5C, L1CAM, MECP2, MED12, MID1, OCR1, RPS6KA3, AND SLC16A2	LAB MANAGEMENT	eviCore	N/A
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, IL1RAPL1, KDM5C, L1CAM, MECP2, MED12, MID1, OCR1, RPS6KA3, AND SLC16A2	LAB MANAGEMENT	eviCore	N/A
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	LAB MANAGEMENT	eviCore	N/A
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	LAB MANAGEMENT	eviCore	N/A
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE-ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	LAB MANAGEMENT	eviCore	N/A
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	LAB MANAGEMENT	eviCore	N/A
81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	LAB MANAGEMENT	eviCore	N/A
81520	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 466 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	LAB MANAGEMENT	eviCore	N/A
81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81523	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS	LAB MANAGEMENT	eviCore	N/A
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	LAB MANAGEMENT	eviCore	N/A
81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	LAB MANAGEMENT	eviCore	N/A

81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	LAB MANAGEMENT	eviCore	N/A
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL	LAB MANAGEMENT	eviCore	N/A
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	LAB MANAGEMENT	eviCore	N/A
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE	LAB MANAGEMENT	eviCore	N/A
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	LAB MANAGEMENT	eviCore	N/A
81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY	LAB MANAGEMENT	eviCore	N/A
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	LAB MANAGEMENT	eviCore	N/A
81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])	LAB MANAGEMENT	eviCore	N/A
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	LAB MANAGEMENT	eviCore	N/A
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, AND HAPTOGLOBIN) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMMATORY ACTIVITY IN LIVER	LAB MANAGEMENT	eviCore	N/A
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	LAB MANAGEMENT	eviCore	N/A
84451	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLOGY/PHOID 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	LAB MANAGEMENT	eviCore	N/A
84999	UNLISTED CHEMISTRY PROCEDURE	LAB MANAGEMENT	eviCore	N/A
87468	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ANAPLASMA PHAGOCYTOPHILUM, AMPLIFIED PROBE TECHNIQUE	LAB MANAGEMENT	eviCore	N/A
87469	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BABESIA MICROTI, AMPLIFIED PROBE TECHNIQUE	LAB MANAGEMENT	eviCore	N/A
87478	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA MIYAMOTOI, AMPLIFIED PROBE TECHNIQUE	LAB MANAGEMENT	eviCore	N/A
87484	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); EHRlichia CHAFFEENSIS, AMPLIFIED PROBE TECHNIQUE	LAB MANAGEMENT	eviCore	N/A
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE	LAB MANAGEMENT	eviCore	N/A
90378	RESP SYNCYTIAL VIRUS IMMUNE GLOBULIN RSV-IGM MUISC	SPECIALTY MEDICATIONS	BCBSAZ	N/A
90870	ELECTROCONVULSIVE THERAPY; SINGLE SEIZURE	BEHAVIORAL HEALTH	BCBSAZ	N/A
93580	PERC TRANSCATH CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION W/IMPLANT	CARDIOVASCULAR	BCBSAZ	N/A
93581	PERC TRANSCATH CLOS OF CONGEN COMM W/ IMPLANT	CARDIOVASCULAR	BCBSAZ	N/A
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE BILATERAL STUDY	RADIOLOGY	eviCore	N/A
93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE UNILATERAL STUDY	RADIOLOGY	eviCore	N/A
95806	SLEEP STUDY, W/ AIRFLOW, UNATTENDED BY TECHNOLOGIST	SLEEP STUDIES	BCBSAZ	N/A
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF SLE	SLEEP STUDIES	BCBSAZ	N/A
95808	POLYSOMNOGRAPHY, ANY AGE SLEEP STAG 1-3 ADTDL PARAMTRS, ATTND'D BY TECHNOLOGIST	SLEEP STUDIES	BCBSAZ	N/A
95810	POLYSOMNOGRAPHY, > 6YRS SLEEP STAG > 4 ADTDL PARAMTRS, ATTND'D BY TECHNOLOGIST	SLEEP STUDIES	BCBSAZ	N/A
95811	POLYSOMNOGRPHY > 6YRS SLEEP STAG > 4 PARAMTRS INTRO CPAP ATTND'D BY TECHNOLOGIST	SLEEP STUDIES	BCBSAZ	N/A
99183	PHYSICIAN/OTHR QUAL HLTH CARE PROF ATTENDANCE/SUPERVISION OF HYPERBARIC OXY THX	MEDICAL CARE	BCBSAZ	N/A
0001U	RED BLOOD CELL ANTIGEN TYPING, DNA, HUMAN ERYTHROCYTE ANTIGEN GENE ANALYSIS OF 35 ANTIGENS FROM 11 BLOOD GROUPS, UTILIZING WHOLE BLOOD, COMMON RBC ALLELES REPORTED	LAB MANAGEMENT	eviCore	N/A
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND ALCOHOLIC STEATOHEPATITIS (ASH)	LAB MANAGEMENT	eviCore	N/A
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND NONALCOHOLIC STEATOHEPATITIS (NASH)	LAB MANAGEMENT	eviCore	N/A

0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-PCR OF 3 GENES (ERG, PCA3, AND SPDEF), URINE, ALGORITHM REPORTED AS RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA-FETOPROTEIN LEVEL, ALGORITHM REPORTED AS A RISK CLASSIFIER	LAB MANAGEMENT	eviCore	N/A
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A NOMOGRAM OF TUMOR DISEASE INDEX	LAB MANAGEMENT	eviCore	N/A
0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND/OR URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK	LAB MANAGEMENT	eviCore	N/A
0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	LAB MANAGEMENT	eviCore	N/A
0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	LAB MANAGEMENT	eviCore	N/A
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	LAB MANAGEMENT	eviCore	N/A
0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS	LAB MANAGEMENT	eviCore	N/A
0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND RNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND REARRANGEMENTS, REPORTED AS PRESENCE/ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER	LAB MANAGEMENT	eviCore	N/A
0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE, LOW PROBABILITY OF MALIGNANCY")	LAB MANAGEMENT	eviCore	N/A
0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP1A2, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLC01B1, VKORC1 AND RS12777823)	LAB MANAGEMENT	eviCore	N/A
0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)	LAB MANAGEMENT	eviCore	N/A
0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2)(EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	LAB MANAGEMENT	eviCore	N/A
0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)(DRUG METABOLISM) GENE ANALYSIS, C.472G>A (RS4680) VARIANT	LAB MANAGEMENT	eviCore	N/A
0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A), HTR2C (5-HYDROXYTRYPTAMINE RECEPTOR 2C) (EG, CITALOPRAM METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, HTR2A RS7997012 [C.614-2211T>C], HTR2C RS3813929 [C.-759C>T] AND RS1414334 [C.551-3008C>G])	LAB MANAGEMENT	eviCore	N/A
0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM), GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15*3, *4, *5)	LAB MANAGEMENT	eviCore	N/A
0036U	EXOME (IE, SOMATIC MUTATIONS), PAIRED FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE AND NORMAL SPECIMEN, SEQUENCE ANALYSES	LAB MANAGEMENT	eviCore	N/A
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	LAB MANAGEMENT	eviCore	N/A
0042T	CT PERFUSION BRAIN	RADIOLOGY	eviCore	N/A
0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRESSION PROFILING BY REALTIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	LAB MANAGEMENT	eviCore	N/A
0047U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING OF PROTEIN-CODING EXONS OF 468 CANCER-ASSOCIATED GENES, INCLUDING INTERROGATION FOR SOMATIC MUTATIONS AND MICROSATELLITE INSTABILITY, MATCHED WITH NORMAL SPECIMENS, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE, REPORT OF CLINICALLY SIGNIFICANT MUTATION(S)	LAB MANAGEMENT	eviCore	N/A
0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS LEUKEMIA, DNA ANALYSIS, 194 GENES, INTERROGATION FOR SEQUENCE VARIANTS, COPY NUMBER VARIANTS OR REARRANGEMENTS	LAB MANAGEMENT	eviCore	N/A
0053U	ONCOLOGY (PROSTATE CANCER), FISH ANALYSIS OF 4 GENES (ASAP1, HDAC9, CHD1 AND PTEN), NEEDLE BIOPSY SPECIMEN, ALGORITHM REPORTED AS PROBABILITY OF HIGHER TUMOR GRADE	LAB MANAGEMENT	eviCore	N/A
0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 96 DNA TARGET SEQUENCES (94 SINGLE NUCLEOTIDE POLYMORPHISM TARGETS AND TWO CONTROL TARGETS), PLASMA	LAB MANAGEMENT	eviCore	N/A
0060U	TWIN ZYGOSITY, GENOMIC TARGETED SEQUENCE ANALYSIS OF CHROMOSOME 2, USING CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	LAB MANAGEMENT	eviCore	N/A
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 [MMP-1], CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 [CEACAM6], HYALURONOGLUCOSAMINIDASE [HYAL1], HIGHLY EXPRESSED IN CANCER PROTEIN [HEC1]), FORMALIN-FIXED PARAFFIN-EMBEDDED PRECANCEROUS BREAST TISSUE, ALGORITHM REPORTED AS CARCINOMA RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMALIN FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCORE	LAB MANAGEMENT	eviCore	N/A
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)	LAB MANAGEMENT	eviCore	N/A
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A

0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE RISK OF OPIOID-USE DISORDER	LAB MANAGEMENT	eviCore	N/A
0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	LAB MANAGEMENT	eviCore	N/A
0084U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 10 BLOOD GROUPS WITH PHENOTYPE PREDICTION OF 37 RED BLOOD CELL ANTIGENS	LAB MANAGEMENT	eviCore	N/A
0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	LAB MANAGEMENT	eviCore	N/A
0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	LAB MANAGEMENT	eviCore	N/A
0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTPCR, FRAME AND LINC00518, SUPERFICIAL COLLECTION USING ADHESIVE PATCH(ES)	LAB MANAGEMENT	eviCore	N/A
0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 23 GENES (14 CONTENT AND 9 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INDETERMINATE, MALIGNANT)	LAB MANAGEMENT	eviCore	N/A
0094U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (15 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])	LAB MANAGEMENT	eviCore	N/A
0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (17 GENES [SEQUENCING AND DELETION/DUPLICATION])	LAB MANAGEMENT	eviCore	N/A
0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (24 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM [DELETION/DUPLICATION ONLY])	LAB MANAGEMENT	eviCore	N/A
0104U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (32 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])	LAB MANAGEMENT	eviCore	N/A
0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 61) AND NRAS (CODONS 12, 13, AND 61) GENE ANALYSIS UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE	LAB MANAGEMENT	eviCore	N/A
0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND TMPRSS2-ERG IN URINE AND PSA IN SERUM FOLLOWING PROSTATIC MASSAGE, BY RNA AMPLIFICATION AND FLUORESCENCE-BASED DETECTION, ALGORITHM REPORTED AS RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0114U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), VIM AND CCNA1 METHYLATION ANALYSIS, ESOPHAGEAL CELLS, ALGORITHM REPORTED AS LIKELIHOOD FOR BARRETT'S ESOPHAGUS	LAB MANAGEMENT	eviCore	N/A
0118U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING WHOLE GENOME NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA IN THE TOTAL CELL-FREE DNA	LAB MANAGEMENT	eviCore	N/A
0120U	ONCOLOGY (B-CELL LYMPHOMA CLASSIFICATION), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 58 GENES (45 CONTENT AND 13 HOUSEKEEPING GENES), FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS LIKELIHOOD FOR PRIMARY MEDIASTINAL B-CELL LYMPHOMA (PMBCL) AND DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) WITH CELL OF ORIGIN SUBTYPING IN THE LATTER	LAB MANAGEMENT	eviCore	N/A
0129U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS AND DELETION/DUPLICATION ANALYSIS PANEL (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, AND TP53)	LAB MANAGEMENT	eviCore	N/A
0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), TARGETED MRNA SEQUENCE ANALYSIS PANEL (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, AND TP53) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A

0131U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (13 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0132U	HEREDITARY OVARIAN CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (17 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA SEQUENCE ANALYSIS PANEL (11 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (18 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0135U	HEREDITARY GYNECOLOGICAL CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (12 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0138U	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING OF 101 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A TRIPLE NEGATIVE BREAST CANCER CLINICAL SUBTYPE(S) WITH INFORMATION ON IMMUNE CELL INVOLVEMENT	LAB MANAGEMENT	eviCore	N/A
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	LAB MANAGEMENT	eviCore	N/A
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOUS POLYPOSIS (FAP)) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
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)	SURGERY	eviCore	N/A
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGERY	eviCore	N/A
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)	SURGERY	eviCore	N/A
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	LAB MANAGEMENT	eviCore	N/A
0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERATION SEQUENCING, SALIVA, ALGORITHMIC ANALYSIS, AND RESULTS REPORTED AS PREDICTIVE PROBABILITY OF ASD DIAGNOSIS	LAB MANAGEMENT	eviCore	N/A
0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOID LEUKEMIA, MYELODYSPLASTIC SYNDROME, AND MYELOPROLIFERATIVE NEOPLASMS, DNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS, REARRANGEMENTS AND MINIMAL RESIDUAL DISEASE, REPORTED AS PRESENCE/ABSENCE	LAB MANAGEMENT	eviCore	N/A
0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	LAB MANAGEMENT	eviCore	N/A
0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	LAB MANAGEMENT	eviCore	N/A
0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	LAB MANAGEMENT	eviCore	N/A
0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS	LAB MANAGEMENT	eviCore	N/A
0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS), WITH REPORT OF SIGNIFICANT MUTATION(S)	LAB MANAGEMENT	eviCore	N/A
0180U	RED CELL ANTIGEN (ABO BLOOD GROUP) GENOTYPING (ABO), GENE ANALYSIS SANGER/CHAIN TERMINATION/CONVENTIONAL SEQUENCING, ABO (ABO, ALPHA 1-3 NACETYLGALACTOSAMINYLTRANSFERASE AND ALPHA 1-3-GALACTOSYLTRANSFERASE) GENE, INCLUDING SUBTYPING, 7 EXONS	LAB MANAGEMENT	eviCore	N/A
0181U	RED CELL ANTIGEN (COLTON BLOOD GROUP) GENOTYPING (CO), GENE ANALYSIS, AQP1 (AQUAPORIN 1 [COLTON BLOOD GROUP]) EXON 1	LAB MANAGEMENT	eviCore	N/A
0182U	RED CELL ANTIGEN (CROMER BLOOD GROUP) GENOTYPING (CROM), GENE ANALYSIS, CD55 (CD55 MOLECULE [CROMER BLOOD GROUP]) EXONS 1-10	LAB MANAGEMENT	eviCore	N/A
0183U	RED CELL ANTIGEN (DIEGO BLOOD GROUP) GENOTYPING (DI), GENE ANALYSIS, SLC4A1 (SOLUTE CARRIER FAMILY 4 MEMBER 1 [DIEGO BLOOD GROUP]) EXON 19	LAB MANAGEMENT	eviCore	N/A
0184U	RED CELL ANTIGEN (DOMBROCK BLOOD GROUP) GENOTYPING (DO), GENE ANALYSIS, ART4 (ADP-RIBOSYLTRANSFERASE 4 [DOMBROCK BLOOD GROUP]) EXON 2	LAB MANAGEMENT	eviCore	N/A

0185U	RED CELL ANTIGEN (H BLOOD GROUP) GENOTYPING (FUT1), GENE ANALYSIS, FUT1 (FUCOSYLTRANSFERASE 1 [H BLOOD GROUP]) EXON 4	LAB MANAGEMENT	eviCore	N/A
0186U	RED CELL ANTIGEN (H BLOOD GROUP) GENOTYPING (FUT2), GENE ANALYSIS, FUT2 (FUCOSYLTRANSFERASE 2) EXON 2	LAB MANAGEMENT	eviCore	N/A
0187U	RED CELL ANTIGEN (DUFFY BLOOD GROUP) GENOTYPING (FY), GENE ANALYSIS, ACKR1 (ATYPICAL CHEMOKINE RECEPTOR 1 [DUFFY BLOOD GROUP]) EXONS 1-2	LAB MANAGEMENT	eviCore	N/A
0188U	RED CELL ANTIGEN (GERBICH BLOOD GROUP) GENOTYPING (GE), GENE ANALYSIS, GYPC (GLYCOPHORIN C [GERBICH BLOOD GROUP]) EXONS 1-4	LAB MANAGEMENT	eviCore	N/A
0189U	RED CELL ANTIGEN (MNS BLOOD GROUP) GENOTYPING (GYPA), GENE ANALYSIS, GYPA (GLYCOPHORIN A [MNS BLOOD GROUP]) INTRONS 1, 5, EXON 2	LAB MANAGEMENT	eviCore	N/A
0190U	RED CELL ANTIGEN (MNS BLOOD GROUP) GENOTYPING (GYPB), GENE ANALYSIS, GYPB (GLYCOPHORIN B [MNS BLOOD GROUP]) INTRONS 1, 5, PSEUDOEXON 3	LAB MANAGEMENT	eviCore	N/A
0191U	RED CELL ANTIGEN (INDIAN BLOOD GROUP) GENOTYPING (IN), GENE ANALYSIS, CD44 (CD44 MOLECULE [INDIAN BLOOD GROUP]) EXONS 2, 3, 6	LAB MANAGEMENT	eviCore	N/A
0192U	RED CELL ANTIGEN (KIDD BLOOD GROUP) GENOTYPING (JK), GENE ANALYSIS, SLC14A1 (SOLUTE CARRIER FAMILY 14 MEMBER 1 [KIDD BLOOD GROUP]) GENE PROMOTER, EXON 9	LAB MANAGEMENT	eviCore	N/A
0193U	RED CELL ANTIGEN (JR BLOOD GROUP) GENOTYPING (JR), GENE ANALYSIS, ABCG2 (ATP BINDING CASSETTE SUBFAMILY G MEMBER 2 [JUNIOR BLOOD GROUP]) EXONS 2- 26	LAB MANAGEMENT	eviCore	N/A
0194U	RED CELL ANTIGEN (KELL BLOOD GROUP) GENOTYPING (KEL), GENE ANALYSIS, KEL (KELL METALLO-ENDOPEPTIDASE [KELL BLOOD GROUP]) EXON 8	LAB MANAGEMENT	eviCore	N/A
0195U	KLF1 (KRUPPEL-LIKE FACTOR 1), TARGETED SEQUENCING (IE, EXON 13)	LAB MANAGEMENT	eviCore	N/A
0196U	RED CELL ANTIGEN (LUTHERAN BLOOD GROUP) GENOTYPING (LU), GENE ANALYSIS, BCAM (BASAL CELL ADHESION MOLECULE [LUTHERAN BLOOD GROUP]) EXON 3	LAB MANAGEMENT	eviCore	N/A
0197U	RED CELL ANTIGEN (LANDSTEINER-WIENER BLOOD GROUP) GENOTYPING (LW), GENE ANALYSIS, ICAM4 (INTERCELLULAR ADHESION MOLECULE 4 [LANDSTEINER-WIENER BLOOD GROUP]) EXON 1	LAB MANAGEMENT	eviCore	N/A
0198U	RED CELL ANTIGEN (RH BLOOD GROUP) GENOTYPING (RHD AND RHCE), GENE ANALYSIS SANGER/CHAIN TERMINATION/CONVENTIONAL SEQUENCING, RHD (RH BLOOD GROUP D ANTIGEN) EXONS 1-10 AND RHCE (RH BLOOD GROUP CCEE ANTIGENS) EXON 5	LAB MANAGEMENT	eviCore	N/A
0199U	RED CELL ANTIGEN (SCIANNA BLOOD GROUP) GENOTYPING (SC), GENE ANALYSIS, ERMAP (ERYTHROBLAST MEMBRANE ASSOCIATED PROTEIN [SCIANNA BLOOD GROUP]) EXONS 4, 12	LAB MANAGEMENT	eviCore	N/A
0200U	RED CELL ANTIGEN (KX BLOOD GROUP) GENOTYPING (XK), GENE ANALYSIS, XK (XLINKED KX BLOOD GROUP) EXONS 1-3	LAB MANAGEMENT	eviCore	N/A
0201U	RED CELL ANTIGEN (YT BLOOD GROUP) GENOTYPING (YT), GENE ANALYSIS, ACHE (ACETYLCHOLINESTERASE [CARTWRIGHT BLOOD GROUP]) EXON 2	LAB MANAGEMENT	eviCore	N/A
0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHARYNGEAL SWAB, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED	LAB MANAGEMENT	eviCore	N/A
0203U	AUTOIMMUNE (INFLAMMATORY BOWEL DISEASE), MRNA, GENE EXPRESSION PROFILING BY QUANTITATIVE RT-PCR, 17 GENES (15 TARGET AND 2 REFERENCE GENES), WHOLE BLOOD, REPORTED AS A CONTINUOUS RISK SCORE AND CLASSIFICATION OF INFLAMMATORY BOWEL DISEASE AGGRESSIVENESS	LAB MANAGEMENT	eviCore	N/A
0204U	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0209U	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER, STRUCTURAL CHANGES AND AREAS OF HOMOZYGOSITY FOR CHROMOSOMAL ABNORMALITIES	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A
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)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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)	LAB MANAGEMENT	eviCore	N/A

0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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)	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0220U	ONCOLOGY (BREAST CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESSMENT OF 12 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES, REPORTED AS A RECURRENCE SCORE	LAB MANAGEMENT	eviCore	N/A
0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	LAB MANAGEMENT	eviCore	N/A
0229U	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	LAB MANAGEMENT	eviCore	N/A
0230U	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0258U	AUTOIMMUNE (PSORIASIS), MRNA, NEXT-GENERATION SEQUENCING, GENE EXPRESSION PROFILING OF 50-100 GENES, SKIN-SURFACE COLLECTION USING ADHESIVE PATCH, ALGORITHM REPORTED AS LIKELIHOOD OF RESPONSE TO PSORIASIS BIOLOGICS	LAB MANAGEMENT	eviCore	N/A
0260U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING	LAB MANAGEMENT	eviCore	N/A
0262U	ONCOLOGY (SOLID TUMOR), GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 7 GENE PATHWAYS (ER, AR, PI3K, MAPK, HH, TGF $\beta$ , NOTCH), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE), ALGORITHM REPORTED AS GENE PATHWAY ACTIVITY SCORE	LAB MANAGEMENT	eviCore	N/A
0264U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A



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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0268U	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0269U	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0270U	HEMATOLOGY (CONGENITAL COAGULATION DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 20 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0271U	HEMATOLOGY (CONGENITAL NEUTROPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DESCLECTOMY, FACETECTOMY AND/OR FORAMINTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC.	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
0274U	HEMATOLOGY (GENETIC PLATELET DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 43 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DESCLECTOMY, FACETECTOMY AND/OR FORAMINTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
0276U	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0277U	HEMATOLOGY (GENETIC PLATELET FUNCTION DISORDER), GENOMIC SEQUENCE ANALYSIS OF 31 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0278U	HEMATOLOGY (GENETIC THROMBOSIS), GENOMIC SEQUENCE ANALYSIS OF 12 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	LAB MANAGEMENT	eviCore	N/A
0282U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 12 BLOOD GROUP SYSTEM GENES TO PREDICT 44 RED BLOOD CELL ANTIGEN PHENOTYPES	LAB MANAGEMENT	eviCore	N/A
0285U	ONCOLOGY, RESPONSE TO RADIATION, CELL-FREE DNA, QUANTITATIVE BRANCHED CHAIN DNA AMPLIFICATION, PLASMA, REPORTED AS A RADIATION TOXICITY SCORE	LAB MANAGEMENT	eviCore	N/A
0286U	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	LAB MANAGEMENT	eviCore	N/A
0287U	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHMIC PREDICTION OF CANCER RECURRENCE, REPORTED AS A CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)	LAB MANAGEMENT	eviCore	N/A
0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) AND 3 REFERENCE GENES (ESD, TBP, YAP1), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, ALGORITHMIC INTERPRETATION REPORTED AS A RECURRENCE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0289U	NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 24 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0290U	PAIN MANAGEMENT, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 36 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0291U	PSYCHIATRY (MOOD DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 144 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0292U	PSYCHIATRY (STRESS DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 72 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0293U	PSYCHIATRY (SUICIDAL IDEATION), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 54 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0294U	LONGEVITY AND MORTALITY RISK, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 18 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	LAB MANAGEMENT	eviCore	N/A
0296U	ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION PROFILING BY RNA SEQUENCING AT LEAST 20 MOLECULAR FEATURES (EG, HUMAN AND/OR MICROBIAL MRNA), SALIVA, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR SIGNATURE ASSOCIATED WITH MALIGNANCY	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0298U	ONCOLOGY (PAN TUMOR), WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL RNA SPECIMENS, FRESH OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND EXPRESSION LEVEL AND CHIMERIC TRANSCRIPT IDENTIFICATION	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
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-GAMMACARBOXY-PROTHROMBIN (DCP), ALGORITHM REPORTED AS NORMAL OR ABNORMAL RESULT	LAB MANAGEMENT	eviCore	N/A

0334U	ONCOLOGY (SOLID ORGAN), TARGETED GENOMIC SEQUENCE ANALYSIS, FORMALIN-FIXED PARAFFINEMBEDDED (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	LAB MANAGEMENT	eviCore	N/A
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 (DO NOT REPORT 0335U IN CONJUNCTION WITH 81425, 0212U)	LAB MANAGEMENT	eviCore	N/A
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) (DO NOT REPORT 0336U IN CONJUNCTION WITH 81426, 0213U)	LAB MANAGEMENT	eviCore	N/A
0339U	ONCOLOGY (PROSTATE), MRNA EXPRESSION PROFILING OF HOXC6 AND DLX1, REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-PCR), FIRST-VOID URINE FOLLOWING DIGITAL RECTAL EXAMINATION, ALGORITHM REPORTED AS PROBABILITY OF HIGH-GRADE CANCER	LAB MANAGEMENT	eviCore	N/A
0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT-GENERATION SEQUENCING OF THE PATIENT'S TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE	LAB MANAGEMENT	eviCore	N/A
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0345U	PSYCHIATRY (EG. DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6	LAB MANAGEMENT	eviCore	N/A
0347U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 16 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	LAB MANAGEMENT	eviCore	N/A
0348U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 25 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	LAB MANAGEMENT	eviCore	N/A
0349U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 27 GENE REPORT, WITH VARIANT ANALYSIS, INCLUDING REPORTED PHENOTYPES AND IMPACTED GENE-DRUG INTERACTIONS	LAB MANAGEMENT	eviCore	N/A
0350U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 27 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	LAB MANAGEMENT	eviCore	N/A
0352U	INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS), MULTIPLEX AMPLIFIED PROBE TECHNIQUE, FOR DETECTION OF BACTERIAL VAGINOSIS-ASSOCIATED BACTERIA (BVAB-2, ATOPHOBIA VAGINAE, AND MEGASPHERA TYPE 1), ALGORITHM REPORTED AS DETECTED OR NOT DETECTED AND SEPARATE DETECTION OF CANDIDA SPECIES (C. ALBICANS, C. TROPICALIS, C. PARAPSILOSIS, C. DUBLINIENSIS), CANDIDA GLABRATA/CANDIDA KRUSEI, AND TRICHOMONAS VAGINALIS, VAGINAL-FLUID SPECIMEN, EACH RESULT REPORTED AS DETECTED OR NOT DETECTED	LAB MANAGEMENT	eviCore	N/A
0353U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA), CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA, MULTIPLEX AMPLIFIED PROBE TECHNIQUE, URINE, VAGINAL, PHARYNGEAL, OR RECTAL, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED	LAB MANAGEMENT	eviCore	N/A
0354U	HUMAN PAPILLOMA VIRUS (HPV), HIGH-RISK TYPES (IE, 16, 18, 31, 33, 45, 52 AND 58) QUALITATIVE MRNA EXPRESSION OF E6/E7 BY QUANTITATIVE POLYMERASE CHAIN REACTION (QPCR)	LAB MANAGEMENT	eviCore	N/A
0355U	APOL1 (APOLIPOPROTEIN L1) (eg. CHRONIC KIDNEY DISEASE), RISK VARIANTS (G1, G2)	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0362U	ONCOLOGY (PAPILLARY THYROID CANCER), GENE-EXPRESSION PROFILING VIA TARGETED HYBRID CAPTURE-ENRICHMENT RNA SEQUENCING OF 82 CONTENT GENES AND 10 HOUSEKEEPING GENES, FORMALIN-FIXED PARAFFIN EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS ONE OF THREE MOLECULAR SUBTYPES	LAB MANAGEMENT	eviCore	N/A
0363U	ONCOLOGY (UROTHELIAL), MRNA, GENE-EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 5 GENES (MDK, HOXA13, CDC2 [CDK1], IQFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM INCORPORATES AGE, SEX, SMOKING HISTORY, AND MACROHEMATURIA FREQUENCY, REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	LAB MANAGEMENT	eviCore	N/A
0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	LAB MANAGEMENT	eviCore	N/A
0379U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA (523 GENES) AND RNA (55 GENES) BY NEXT-GENERATION SEQUENCING, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR MUTATIONAL BURDEN	LAB MANAGEMENT	eviCore	N/A
0380U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS, 20 GENE VARIANTS AND CYP2D6 DELETION OR DUPLICATION ANALYSIS WITH REPORTED GENOTYPE AND PHENOTYPE	LAB MANAGEMENT	eviCore	N/A
0386U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), P16, RUNX3, HPP1, AND FBN1 METHYLATION ANALYSIS, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS A RISK SCORE FOR PROGRESSION TO HIGH-GRADE DYSPLASIA OR ESOPHAGEAL CANCER	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0389U	PEDIATRIC FEBRILE ILLNESS (KAWASAKI DISEASE [KD]), INTERFERON ALPHA-INDUCIBLE PROTEIN 27 (IFI27) AND MAST CELL-EXPRESSED MEMBRANE PROTEIN 1 (MCEMP1), RNA, USING REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR), BLOOD, REPORTED AS A RISK SCORE FOR KD	LAB MANAGEMENT	eviCore	N/A

0390U	PLA- FOR PEPREDICTDX, ONCOOMICS DX LABORATORY FROM MPROBE. THE TEST EVALUATES A PATIENT BLOOD (SERUM) SPECIMEN FOR THREE BIOMARKERS LISTED IN THE CODE USING IMMUNOASSAY TECHNIQUE AND REPORTS A RISK SCORE FOR PREECLAMPSIA (PE) AS EARLY AS 11 WEEKS IN PREGNANCY. CONFIG UPDATE ONLY TO FEMALE	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0392U	DRUG METABOLISM (DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)), GENE-DRUG INTERACTIONS, VARIANT ANALYSIS OF 16 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6, REPORTED AS IMPACT OF GENE-DRUG INTERACTION FOR EACH DRUG	LAB MANAGEMENT	eviCore	N/A
0394T	HDR ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION	RADIATION ONCOLOGY	eviCore	N/A
0395T	HDR ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION	RADIATION ONCOLOGY	eviCore	N/A
0395U	ONCOLOGY (LUNG), MULTI-OMICS (MICROBIAL DNA BY SHOTGUN NEXT-GENERATION SEQUENCING AND CARCINOEMBRYONIC ANTIGEN AND OSTEOPONTIN BY IMMUNOASSAY), PLASMA, ALGORITHM REPORTED AS MALIGNANCY RISK FOR LUNG NODULES IN EARLY-STAGE DISEASE	LAB MANAGEMENT	eviCore	N/A
0396U	OBSTETRICS (PRE-IMPLANTATION GENETIC TESTING), EVALUATION OF 300000 DNA SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) BY MICROARRAY, EMBRYONIC TISSUE, ALGORITHM REPORTED AS A PROBABILITY FOR SINGLE-GENE GERMLINE CONDITIONS. CONFIG UPDATE ONLY TO FEMALE	LAB MANAGEMENT	eviCore	N/A
0398U	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	LAB MANAGEMENT	eviCore	N/A
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. CONFIG UPDATE ONLY TO FEMALE	LAB MANAGEMENT	eviCore	N/A
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	LAB MANAGEMENT	eviCore	N/A
0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	LAB MANAGEMENT	eviCore	N/A
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	LAB MANAGEMENT	eviCore	N/A
0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	LAB MANAGEMENT	eviCore	N/A
0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTOSIN	LAB MANAGEMENT	eviCore	N/A
0411U	PSYC GENOMIC Alys PANEL VARIANT Alys 15 GENES	LAB MANAGEMENT	eviCore	N/A
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	LAB MANAGEMENT	eviCore	N/A
0414U	ONC LUNG AUGMNT ALG Alys DGTZ WHOL SLD IMG 8 GEN	LAB MANAGEMENT	eviCore	N/A
0417U	RARE DS WHL MITOCHDRL GEN SEQ Alys 335 NUC GENES	LAB MANAGEMENT	eviCore	N/A
0418U	ONC BRST AUGMNT ALG Alys DGTZ WHOL SLD IMG 8FEAT	LAB MANAGEMENT	eviCore	N/A
0419U	NEUROPSYCHIATRY GEN SEQ Alys PNL VRNT Alys 13 GEN	LAB MANAGEMENT	eviCore	N/A
0537T	CAR-T CELL THERAPY; HARVEST TO DEV GENETICALLY MOD AUTOLOG CAR-T CELLS, PER DAY	MEDICAL ONCOLOGY	BCBSAZ	N/A
0538T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) TX; PREP BLOOD-DERIVED T LYMPHOCYTES	MEDICAL ONCOLOGY	BCBSAZ	N/A
0539T	ONCOLOGY (UROTHELIAL), MRNA, GENE-EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 5 GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM INCORPORATES AGE, SEX, SMOKING HISTORY, AND MACROHEMATURIA FREQUENCY, REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	MEDICAL ONCOLOGY	BCBSAZ	N/A
0540T	UNDER CELLULAR THERAPY PROCEDURES—THE PROVIDER ADMINISTERS CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY, GENETICALLY MODIFIED T CELLS EXTRACTED FROM A PATIENT'S OWN BLOOD, BY INTRAVENOUS INFUSION TO A PATIENT TO TREAT LEUKEMIA AND OTHER TYPES OF BLOOD CANCER.	MEDICAL ONCOLOGY	BCBSAZ	N/A
0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	RADIOLOGY	eviCore	N/A
0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	RADIOLOGY	eviCore	N/A
0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	RADIOLOGY	eviCore	N/A
0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	RADIOLOGY	eviCore	N/A
0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED UNILATERAL WITHOUT CONTRAST MATERIAL	RADIOLOGY	eviCore	N/A

0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	RADIOLOGY	eviCore	N/A
0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	RADIOLOGY	eviCore	N/A
0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	RADIOLOGY	eviCore	N/A
0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	RADIOLOGY	eviCore	N/A
0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	RADIOLOGY	eviCore	N/A
0648T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (E.G., FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (E.G., ORGAN, GLAND, TISSUE, TARGET STRUCTURE) DURING THE SAME SESSION.; SINGLE ORGAN	RADIOLOGY	eviCore	N/A
0649T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (E.G., FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (E.G., ORGAN, GLAND, TISSUE, TARGET STRUCTURE); SINGLE ORGAN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).	RADIOLOGY	eviCore	N/A
0697T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG. FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG. ORGAN, GLAND, TISSUE, TARGET STRUCTURE) DURING THE SAME SESSION; MULTIPLE ORGANS	RADIOLOGY	eviCore	N/A
0698T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG. FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG. ORGAN, GLAND, TISSUE, TARGET STRUCTURE); MULTIPLE ORGANS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	RADIOLOGY	eviCore	N/A
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	RADIOLOGY	eviCore	N/A
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	RADIOLOGY	eviCore	N/A
0747T	CARDIAC FOCAL ABLATION UTILIZING RADIATION THERAPY FOR ARRHYTHMIA; DELIVERY OF RADIATION THERAPY, ARRHYTHMIA	RADIOLOGY	eviCore	N/A
0775T	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDES PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG. BONE ALLOGRAFT(S), SYNTHETIC DEVICE(S))	SURGERY	eviCore	N/A
0794T	PATIENT-SPECIFIC, ASSISTIVE, RULES-BASED ALGORITHM FOR RANKING PHARMACO-ONCOLOGIC TREATMENT OPTIONS BASED ON THE PATIENT'S TUMOR-SPECIFIC CANCER MARKER INFORMATION OBTAINED FROM PRIOR MOLECULAR PATHOLOGY, IMMUNOHISTOCHEMICAL, OR OTHER PATHOLOGY RESULTS WHICH HAVE BEEN PREVIOUSLY INTERPRETED AND REPORTED SEPARATELY	LAB MANAGEMENT	eviCore	N/A
0809T	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, PLACEMENT OF TRANSFIXING DEVICE(S) AND INTRA-ARTICULAR IMPLANT(S), INCLUDING ALLOGRAFT OR SYNTHETIC DEVICE(S)	SURGERY	eviCore	N/A
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	DME	BCBSAZ	N/A
A9513	LUTETIUM LLU 177, DOTATATE, THERAPEUTIC, 1 MCI	RADIATION ONCOLOGY	eviCore	N/A
A9543	YTRITIUM 90 IBRITUMOMAB TUXETAN (ZEVALIN)	RADIATION ONCOLOGY	eviCore	N/A
A9590	IODINE I-131, IOBENGUANE, 1 MILLCURIE	RADIATION ONCOLOGY	eviCore	N/A
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE (XOFIGO)	RADIATION ONCOLOGY	eviCore	N/A
B4102	ENTERAL FORMULA ADULT FLUIDS AND ELECTROLYTES 500ML =1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4103	ENTERAL FORMULA PEDIATRIC FLUID AND ELECTROLYTE 500ML =1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4104	ADDITIVE FOR ENTERAL FORMULA	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4152	ENTERAL FORMULA, COMPLETE, ADMIN THROUGH ENTERAL TUBE; 100 CAL = 1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4153	ENTERAL FORMULA, COMP, HYDROLYZED PROTEINS, ADMIN ENTERAL TUBE; 100 CAL = 1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4154	ENTERAL FORMULA, COMP, SPECIAL METABOLIC, ADMIN ENTERAL TUBE; 100 CAL=1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4155	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS 100 CAL = 1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4157	ENTERAL FOR METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM 100 CAL = 1 UNIT	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4185	PARENTERAL NUTRITION SOLUTION, NOS, 10 GRAMS LIPIDS	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4189	PARENTERAL NUTRITION SOLUTION; COM	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4193	PARENTERAL NUTRITION SOLUTION; COM	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4197	PARENTERAL NUTRITION SOLUTION; COM	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4199	PARENTERAL NUTRITION SOLUTION; COM	ENTERAL/PARENTERAL	BCBSAZ	N/A
B4216	PARENTERAL NUTRITION; ADDITIVES IV	ENTERAL/PARENTERAL	BCBSAZ	N/A
C1721	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANT)	CARDIOVASCULAR	BCBSAZ	N/A
C1722	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER (IMPLANT)	CARDIOVASCULAR	BCBSAZ	N/A
C1767	GENERATOR NEUROSTIMULATOR IMPLANTABLE NON-RECHARGEABLE	SURGERY	BCBSAZ	N/A
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, W/SLING GRAFT	SURGERY	BCBSAZ	N/A
C1789	PROSTHESIS BREAST (IMPLANTABLE)	SURGERY	BCBSAZ	N/A
C1813	PROSTHESIS PENILE INFLATABLE	SURGERY	BCBSAZ	N/A
C1815	PROSTHESIS URINARY SPHINCTER (IMPLANTABLE)	SURGERY	BCBSAZ	N/A
C1817	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC	CARDIOVASCULAR	BCBSAZ	N/A
C1820	GENERATOR NEUROSTIMULATOR IMPLANTABLE W RECHARGEABLE BATTERY & CHARGING SYSTEM	SURGERY	BCBSAZ	N/A
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	SURGERY	BCBSAZ	N/A
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQ, W/RECHARG BATT/CHARG SYS	SURGERY	BCBSAZ	N/A
C1826	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), INCLUDES CLOSED FEEDBACK LOOP LEADS AND ALL IMPLANTABLE COMPONENTS, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	SURGERY	BCBSAZ	N/A

C1827	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH IMPLANTABLE STIMULATION LEAD AND EXTERNAL PAIRED STIMULATION CONTROLLER	SURGERY	BCBSAZ	N/A
C1882	CARDIOVERTER-DEFIBRILLATOR NOT ONE OR 2 CHAMBER (IMPLANT)	CARDIOVASCULAR	BCBSAZ	N/A
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	SURGERY	BCBSAZ	N/A
C1895	LEAD CARDIOVERTER-DEFIB EDNOCARD 2 COIL (IMPLANT)	CARDIOVASCULAR	BCBSAZ	N/A
C1896	LEAD CARDIOVERTER-DEFIB NOT EDNOCARD 1-2 COIL (IMPLANT)	CARDIOVASCULAR	BCBSAZ	N/A
C1897	LEAD NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	SURGERY	BCBSAZ	N/A
C1898	LEAD PACEMAKER NOT TRANSVENOUS VDD SINGLE PASS	CARDIOVASCULAR	BCBSAZ	N/A
C2616	BRACHYTHERAPY SOURCE, NONSTRANDED, YTTRIUM-90, PER SOURCE	RADIATION ONCOLOGY	eviCore	N/A
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	DME	BCBSAZ	N/A
C7504	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST CERVICOTHORACIC AND ANY ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODIES, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE	SURGERY	eviCore	N/A
C7505	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST LUMBOSACRAL AND ANY ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODIES, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE	SURGERY	eviCore	N/A
C7507	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST THORACIC AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING CAVITY CREATIONS (FRACTURE REDUCTIONS AND BONE BIOPSIES INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), UNILATERAL OR BILATERAL CANNULATIONS, INCLUSIVE OF ALL IMAGING GUIDANCE	SURGERY	eviCore	N/A
C7508	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST LUMBAR AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING CAVITY CREATIONS (FRACTURE REDUCTIONS AND BONE BIOPSIES INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), UNILATERAL OR BILATERAL CANNULATIONS, INCLUSIVE OF ALL IMAGING GUIDANCE	SURGERY	eviCore	N/A
C8900	MRA ABDOMEN WITH CONTRAST	RADIOLOGY	eviCore	N/A
C8901	MRA ABDOMEN WITHOUT CONTRAST	RADIOLOGY	eviCore	N/A
C8902	MRA ABDOMEN WITH AND W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8903	MRI BREAST W/ CONTRAST, UNILATERAL	RADIOLOGY	eviCore	N/A
C8905	MRI BREAST W/ AND W/O CONTRAST, UNILATERAL	RADIOLOGY	eviCore	N/A
C8906	MRI BREAST BILATERAL W/ CONTRAST	RADIOLOGY	eviCore	N/A
C8908	MRI BREAST BILATERAL W/ AND W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8909	MRA CHEST W/ CONTRAST (EXCLUDING MYOCARDIUM)	RADIOLOGY	eviCore	N/A
C8910	MRA CHEST W/O CONTRAST (EXCLUDING MYOCARDIUM)	RADIOLOGY	eviCore	N/A
C8911	MRA CHEST W/ AND W/O CONTRAST (EXCLUDING MYOCARDIUM)	RADIOLOGY	eviCore	N/A
C8912	MRA LOWER EXTREMITY W/ CONTRAST	RADIOLOGY	eviCore	N/A
C8913	MRA LOWER EXTREMITY W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8914	MRA LOWER EXTREMITY W/ AND W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8918	MRA PELVIS W/ CONTRAST	RADIOLOGY	eviCore	N/A
C8919	MRA PELVIS W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8920	MRA PELVIS W/ AND W/O CONTRAST	RADIOLOGY	eviCore	N/A
C8931	MRA, W/ DYE, SPINAL CANAL	RADIOLOGY	eviCore	N/A
C8932	MRA, W/O DYE, SPINAL CANAL	RADIOLOGY	eviCore	N/A
C8933	MRA, W/O & W/ DYE, SPINAL CANAL	RADIOLOGY	eviCore	N/A
C8934	MRA, W/ DYE, UPPER EXTREMITY	RADIOLOGY	eviCore	N/A
C8935	MRA, W/O DYE, UPPER EXTR	RADIOLOGY	eviCore	N/A
C8936	MRA, W/O & W/ DYE, UPPER EXTR	RADIOLOGY	eviCore	N/A
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG (CABLVI)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
C9065	ROMIDEPSIN (NON-LOPHILIZED)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
C9069	BELANTAMAB MAFODOTIN-BLMF	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
C9070	TAFASITAMAB-CXIX	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
C9087	CYCLOPHOSPHAMIDE - INJ (AUROMEDIC)	MEDICAL ONCOLOGY	eviCore	N/A
C9101	INJECTION, OLICERIDINE, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
C9142	BEVACIZUMAB-MALY	MEDICAL ONCOLOGY	BCBSAZ	N/A
C9145	INJECTION, APREPITANT, (APONVIE), 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
C9399	These unclassified codes require PA only for the following drugs eviCore: • Unituxin • BESREMI • Etrexio • Epkinly BCBSAZ: • Lamzede • Nulbry • Revcovi Eylea HD (8mg) • Upravri • Veopoz • Izervay • Ketalar	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	RADIATION ONCOLOGY	eviCore	N/A
C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND EXCISION OF HERNIATED INTERVERTEBRAL DISC, AND REPAIR OF ANNULAR DEFECT WITH IMPLANTATION OF BONE ANCHORED ANNULAR CLOSURE DEVICE, INCLUDING ANNULAR DEFECT MEASUREMENT, ALIGNMENT AND SIZING ASSESSMENT, AND IMAGE GUIDANCE; 1 INTERSPACE, LUMBAR	SURGERY	eviCore	N/A
C9784	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	SURGERY	BCBSAZ	N/A
E0260	HOSPITAL BED, SEMI-ELECTRIC; W/MATTRESS	DME	BCBSAZ	N/A
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD)	DME	BCBSAZ	N/A
E0265	HOSPITAL BED, TOTAL ELECTRIC; W/MATTRESS	DME	BCBSAZ	N/A
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	DME	BCBSAZ	N/A
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD)	DME	BCBSAZ	N/A
E0303	HOSP BED, HEAVY DUTY, EXTRA WIDE, W/WGHT CAPACITY >350 LBS, <=600 LBS W/MATTRESS	DME	BCBSAZ	N/A
E0304	HOSP BED, EXTRA HEAVY DUTY/EXTRA WIDE, W/MATTRESS	DME	BCBSAZ	N/A
E0465	HOME VENTILATOR, ANY TYPE, USED W/INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	DME	BCBSAZ	N/A
E0466	HOME VENTILATOR, ANY TYPE, USED W/NONINVASIVE INTERFACE (E.G., MASK OR FETTER)	DME	BCBSAZ	N/A
E0470	RESP ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE	DME	BCBSAZ	N/A
E0471	RESP ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACKUP RATE FEATURE	DME	BCBSAZ	N/A
E0472	RAD BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE	DME	BCBSAZ	N/A
E0486	ORAL DEVICE/APPLIANCE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT	DME	BCBSAZ	N/A
E0630	PATIENT LIFT; HYDRAULIC, W/SEAT OR SLING	DME	BCBSAZ	N/A
E0635	PATIENT LIFT; ELECTRIC, W/SEAT OR SLING	DME	BCBSAZ	N/A
E0637	COMB SIT TO STAND SYSTEM, W/SEAT LIFT FEATURE, W OR W/O WHEELS	DME	BCBSAZ	N/A
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	DME	BCBSAZ	N/A
E0747	OSTEOGENESIS STIMULATOR; ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	DME	BCBSAZ	N/A

E0748	OSTEOGENESIS STIMULATOR; ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	SURGERY	eviCore	N/A
E0749	OSTEOGENESIS STIMULATOR; ELECTRICAL, SURGICALLY IMPLANTED	DME	eviCore	N/A
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	DME	BCBSAZ	N/A
E0766	ELECTRICAL STIM DEVICE USED FOR CANCER TRXMNT, INCL ALL ACCESSORIES, ANY TYPE	DME	BCBSAZ	N/A
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE, NOS	DME	BCBSAZ	N/A
E0784	EXT AMBULATORY INFUSION PUMP, INSULIN	DME	BCBSAZ	N/A
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR KNEE ONLY	DME	BCBSAZ	N/A
E0983	MANUAL WC POWER ADD-ON CONVERT TO MOTOR WC JOYSTICK	DME	BCBSAZ	N/A
E0986	MANUAL WC PUSH ACTIVATED POWER ASSISTED EA	DME	BCBSAZ	N/A
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	DME	BCBSAZ	N/A
E1007	WC POWER SEAT SYS COMBO TILT/RECLIN W SHEAR	DME	BCBSAZ	N/A
E1010	WHEELCHAIR ACCESSORY, POWER LEG ELEVATION SYSTEM, PAIR	DME	BCBSAZ	N/A
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEAT SYS, POWER ELEVAT LEG REST/PLATFRM	DME	BCBSAZ	N/A
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY REMOVABLE HARDWARE FOR JOYSTICK	DME	BCBSAZ	N/A
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	DME	BCBSAZ	N/A
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	DME	BCBSAZ	N/A
E2300	POWER WC ACCESSORY POWER SEAT ELEVATION SYSTEM	DME	BCBSAZ	N/A
E2301	POWER WC ACCESSORY POWER STANDING SYSTEM	DME	BCBSAZ	N/A
E2310	POWER WC ACCESSORY, ELECT CONNEX BETW CHAIR CONTROLLER -1 POWER SEAT SYS MOTOR	DME	BCBSAZ	N/A
E2311	POWER WC ACCESS, ELECT CONNECT BETW CHAIR CONTROL & 2 OR > POWER SEAT SYS MOTORS	DME	BCBSAZ	N/A
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER	DME	BCBSAZ	N/A
E2325	POWER WC SIP/PUFF NONPROP W ELECTRMOUNTING HW	DME	BCBSAZ	N/A
E2326	POWER WC BREATH TUBE KIT FOR SIP/PUFF INTERFACE	DME	BCBSAZ	N/A
E2330	WC HEAD CONTROL PROXIMITY SWITCH	DME	BCBSAZ	N/A
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL)	DME	BCBSAZ	N/A
E2361	POWER WC ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ	N/A
E2363	POWER WC ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ	N/A
E2365	POWER WC ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ	N/A
E2366	POWER WC CHARGER SNGL MODE FOR USE W/ ONLY 1 BATTERY	DME	BCBSAZ	N/A
E2370	POWER WC MOTOR/GEAR BOX COMBO	DME	BCBSAZ	N/A
E2373	POWER WHEELCHAIR ACCESSORY HAND/CHIN CONTROL IN PREP/TRANSMISSION WRITTEN REPORT	DME	BCBSAZ	N/A
E2374	POWER WC ACCESSORY HAND/CHIN CONTROL INCL ELECTRONICS/HARDWARE REPLACEMENT	DME	BCBSAZ	N/A
E2377	POWER WC EXPANDABLE CONTROLLER INCL ELECTRONICS/HARDWARE UPGRADE INITIAL ISSUE	DME	BCBSAZ	N/A
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	DME	BCBSAZ	N/A
E2384	POWER WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ	N/A
E2386	POWER WC ACCESSORY FOAM FILLED DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ	N/A
E2392	POWER WC ACCESSORY SOLID CASTER TIRE W INTEGRATED WHEEL REPLACEMENT ONLY EACH	DME	BCBSAZ	N/A
E2394	POWER WC ACCESSORY DRIVE WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ	N/A
E2396	POWER WHEELCHAIR ACCESSORY CASTER FORK ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ	N/A
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	RADIOLOGY	eviCore	N/A
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	RADIOLOGY	eviCore	N/A
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER	RADIOLOGY	eviCore	N/A
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	MEDICAL CARE	BCBSAZ	N/A
G0297	LOW-DOSE COMPUTED TOMOGRAPHY FOR LUNG CANCER SCREENING	RADIOLOGY	eviCore	N/A
G0327	COLORECTAL CANCER SCREENING; BLOOD-BASED BIOMARKER	LAB MANAGEMENT	eviCore	N/A
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT	RADIATION ONCOLOGY	eviCore	N/A
G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM 5 SESSIONS PER COURSE OF TREATMENT	RADIATION ONCOLOGY	eviCore	N/A
G0458	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	RADIATION ONCOLOGY	eviCore	N/A
G0495	SKILLED SERV OF RN IN TRAIN/EDUC OF PAT/FAMILY MEMBER IN HH/HOSPICE, EA 15 MIN	NURSING SERVICES	BCBSAZ	N/A
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	RADIATION ONCOLOGY	eviCore	N/A
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	RADIATION ONCOLOGY	eviCore	N/A
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; UP TO 5MEV	RADIATION ONCOLOGY	eviCore	N/A
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10MEV	RADIATION ONCOLOGY	eviCore	N/A
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19MEV	RADIATION ONCOLOGY	eviCore	N/A
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20MEV OR GREATER	RADIATION ONCOLOGY	eviCore	N/A
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: UP TO 5MEV	RADIATION ONCOLOGY	eviCore	N/A
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 6-10MEV	RADIATION ONCOLOGY	eviCore	N/A
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 11-19MEV	RADIATION ONCOLOGY	eviCore	N/A
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 20 MEV OR GREATER	RADIATION ONCOLOGY	eviCore	N/A
G6011	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; UP TO 5MEV	RADIATION ONCOLOGY	eviCore	N/A
G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10MEV	RADIATION ONCOLOGY	eviCore	N/A

G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19MEV	RADIATION ONCOLOGY	eviCore	N/A
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	RADIATION ONCOLOGY	eviCore	N/A
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	RADIATION ONCOLOGY	eviCore	N/A
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	RADIATION ONCOLOGY	eviCore	N/A
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG, 3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT	RADIATION ONCOLOGY	eviCore	N/A
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	LAB MANAGEMENT	eviCore	N/A
J0129	INJECTION ABATACEPT 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0135	INJ. ADALIMUMAB, 20 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0174	INJ LECANEMAB-IRMB 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0178	INJECTION, AFLIBERCEPT, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0179	INJECTION, BROLUCEMAB-DBLL, 1 MG (BEOVU)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0180	INJ AGALSIDASE BETA 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0185	APREPITANT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0202	INJECTION, ALEMTUZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0208	SODIUM THIOSULFATE INJECTION (PEDMARK)	MEDICAL ONCOLOGY	eviCore	N/A
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0221	LUMIZYME® (ALGLUCOSIDASE ALFA) IV	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0222	INJECTION, ONPATTRO® (PATISIRAN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0223	GIVLAAR® (GIVOSIRAN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0224	OXLUMO® (lumasiran)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0225	INJECTION, VUTRISIRAN, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0256	INJ, ALPHA 1- PROTEINASE INHIBITOR - HUMAN, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0490	INJECTION, BELIMUMAB, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0517	INJECTION, BENRALIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0584	BUROSUMAB	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN) HAEGARDA, 10 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0606	INJECTION, ETELCALECTIDE, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0638	INJECTION, CANAKINUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0640	LEUCOVORIN - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0641	LEVOLEUCOVORIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0642	LEVOLEUCOVORIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0739	APRETUDE (CABOTEGRAVIR)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0791	INJECTION, INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J0881	DARBEOETIN ALFA	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0885	EPOETIN ALFA	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0893	INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG	MEDICAL ONCOLOGY	eviCore	N/A
J0894	DECITABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0896	LUSPATERCEPT-AAMT	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J0897	DENOSUMAB	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1095	INJECTION, DEXAMETHASONE 9%, INTRAOCULAR, 1 MCG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1096	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1290	INJECTION, ECALLANTIDE, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1300	INJECTION, ECULIZUMAB, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1301	INJECTION, EDARAVONE, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1302	INJECTION SUTIMLIMAB-JOME 10 MG	RADIOLOGY	eviCore	N/A
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1305	EVKEEZA® (EVINACUMAB-DGNB)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1306	LEQVIO® (INCLISIRIAN)	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1322	INJECTION ELOSULFASE ALFA, 1MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1324	ENFUVRTIDE INJECTION	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1325	INJ, EPOPROSTENOL, 0.5 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1426	INJECTION, CASIMENSEN, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1427	INJECTION, VILTOLARSEN, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1428	INJECTION, ETEPLIRSEN, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1429	INJECTION, GOLODIRSEN, 10MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1437	FERRIC DERISOMALTOSE (MONOFERRIC)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1442	FILGRASTIM	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1447	TBO-FILGRASTIM	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1454	FOSNETUPITANT/PALONOSETRON	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	MEDICAL ONCOLOGY	eviCore	N/A
J1458	INJECTION GALSULFASE 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1555	INJECTION, IMMUNE GLOBULIN (CUIVITRU), 100 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A

J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1557	INJ IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYPHILIZED, (EG, LIQ), 500 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC (1 UNIT= 10CC) (GAMASTAN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1562	INJECTION IMMUNE GLOBULIN SUBCUTANEOUS 100 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1566	INJECTION IMMUNE GLOBULIN INTRAVENOUS LYOPHILIZED (E.G. POWDER) 500 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G.)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED, (E.G.)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1595	INJECTION GLATIRAMER ACETATE 20 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, NOS 500 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1602	INJECTON GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1627	GRANISETRON	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1640	INJECTION HEMIN 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1743	INJECTION, IDURSULFASE, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1744	INJECTION, ICATIBANT, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG (TROGARZO)	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1786	INJECTION, IMGLUCERASE, 10 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1823	UPLIZNA® (INEBILIZUMAB-CDON)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1830	INJECTION INTERFERON BETA-1B PER 0.25MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1930	LANREOTIDE	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1931	INJ LARONIDASE 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1950	LEUPROLIDE ACETATE (J1950: 3.75MG)	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1952	LEUPROLIDE MESYLATE	MEDICAL ONCOLOGY	eviCore	N/A
J1954	MOSUNETUZUMAB-AXGB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J1961	INJECTION, LENACAPAVIR, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2170	INJECTION MECASERMIN 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2182	INJECTION, MEPOLIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2323	INJECTION, NATALIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2326	INJECTION, NUSINERSEN, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2329	INJECTION, UBLITUXIMAB-XIY, 1MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2350	INJECTION, OCRELIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2353	OCTREOTIDE DEPOT	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J2354	OCTREOTIDE NON-DEPOT	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J2355	INJ, OPRELVEKIN, 5 MG	MEDICAL ONCOLOGY and SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2356	TEZSPIRE® (TEZPELUMAB-EKKO)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2357	INJ OMALIZUMAB 5 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2430	PAMIDRONATE DISODIUM	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J2469	PALONOSETRON	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2504	INJECTION PEGADEMASE BOVINE 25 IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2505	PEGFILGRASTIM	MEDICAL ONCOLOGY	eviCore	N/A
J2507	INJECTION, PEGLOTICASE, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2562	INJECTION, PLERIXAFOR, 1 MG	MEDICAL ONCOLOGY and SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2786	INJECTION, RESLIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2796	INJECTION, ROMIFLOSTIM, 10 MICROGRAMS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2820	SARGRAMOSTIM	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J2860	SILTUXIMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3031	INJECTION, FREMANEZUMAB-VFRM, 1 MG (NOT FOR USE WHEN DRUG IS SELF-ADMIN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3110	INJ, TERIPARATIDE, 10 MCG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3240	INJEC HYROTROPIN ALPHA 0.9 MG PROVID 1.1 MG VIAL	MEDICAL ONCOLOGY and SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3241	TEPEZZATEPROTUMUMAB	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3262	TOCILIZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3285	INJECTION TREPROSTINIL 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3315	TRIPTORELIN PAMOATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG (TRIPTODUR)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3358	USTEKINUMAB, FOR IV INJECTION, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3380	INJECTION, VEDOLIZUMAB, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG (MEPSEVII)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES (LUXTURN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 <sup>15</sup> VECTOR GENOMES, ROPEGINTERFERON ALPHA-2B-NJFL, ELAPEG ADEMASE-LVIR	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3489	RECLAST (ZOLEDRONIC ACID)	SPECIALTY MEDICATIONS	eviCore	N/A



J3490	<p>These unclassified codes require PA only for the following drugs  <i>eviCore</i>:            • Unituxin • BESREMI • Ertrefo • Epkinly            BCBSAZ:            • Lamzede</p> <p>• Nulibry • Revcovi</p> <p>Eylea HD (8mg)            • Upravri • Veopoz • Izervay • Ketalar</p>	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J3590	<p>These unclassified codes require PA only for the following drugs  <i>eviCore</i>:            • Unituxin • BESREMI • Ertrefo • Epkinly            BCBSAZ:            • Lamzede</p> <p>• Nulibry • Revcovi</p> <p>Eylea HD (8mg)            • Upravri • Veopoz • Izervay • Ketalar</p>	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7175	INJECTION, FACTOR X, (HUMAN), 1 IU (COAGADEX)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG (PRICE IS PER 1MG. PRODUCT CONTAINS APPROXIMATELY 1 GRAM (900-1300MG)) (FIBRYGA)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG (CODE PRICE IS PER 1 MG - RIASTAP CONTAINS 900-1300 MG) (RIASTAP)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWR-RCO	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7180	INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1 IU (CORIFACT)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU (TRETEN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7182	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF-RCO	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7185	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER IU.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7187	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IU VWF-RCO	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7188	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7189	FACTOR VIIA (ANTHEMOPHILIC FACTOR RECOMBINANT) PER 1 MICROGRAM	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7190	FACTOR VIII, HUMAN, PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7192	FACTOR VIII, RECOMBINANT, PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7193	FACTOR IX NON-RECOMBINANT	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7194	FACTOR IX COMPLEX, PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7195	FACTOR IX, PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7198	ANTI-INHIBITOR PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7199	HEMOPHILIA CLOTTING FACTOR NOC	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7200	INJECTION, FACTOR IX, (ANTHEMOPHILIC FACTOR, RECOMBINANT), RIADIS, PER IU.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7203	INJECTION FACTOR IX, (ANTHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7207	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7208	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL (JIVI), 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7209	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7210	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7211	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7213	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7311	LYMPHOCYTE IMM GLOB ANTITHYMOCYTE GLOB PAR 250 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7314	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7504	LYMPHOCYTE IMM GLOB ANTITHYMOCYTE GLOB PAR 250 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J9000	DOXORUBICIN HCL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9015	ALDESLEUKIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9017	ARSENIC TRIOXIDE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9019	ASPARAGINASE	MEDICAL ONCOLOGY	eviCore	N/A
J9021	ASPARAGINASE ERWINA CHRYSANTHEMI (RECOMBINANT)-RYWN	MEDICAL ONCOLOGY	eviCore	N/A
J9022	ATEZOLIZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9023	AVELUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9025	AZACITIDINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9027	CLOFARABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J9030	BCG	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9032	BELINOSTAT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9033	BENDAMUSTINE HCL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9034	BENDAMUSTINE HCL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9035	BEVACIZUMAB	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9036	BENDAMUSTINE HCL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9039	BLINATUMOMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9040	BLEOMYCIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9041	BORTEZOMIB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9042	BRENTUXIMAB VEDOTIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9043	CABAZITAXEL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A

J9045	CARBOPLATIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9047	CARFILZOMIB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9048	INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9050	CARMUSTINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9055	CETUXIMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9057	COPANLISIB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9058	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9060	CISPLATIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9061	AMIVANTAMAB-VMJW	MEDICAL ONCOLOGY	eviCore	N/A
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9065	CLADRIBINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9070	CYCLOPHOSPHAMIDE - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9098	CYTARABINE-LIPOSOME	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9100	CYTARABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9118	CALASPARGASE PEGOL-MKNL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9119	CEMIPLIMAB-RWLC	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9120	DACTINOMYCIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9130	DACARBAZINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9144	DARATUMUMAB AND HYALURONIDASE-FIHJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9145	DARATUMUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9150	DAUNORUBICIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9153	LIPOSOME-ENCAPSULATED COMBINATION OF DAUNORUBICIN AND CYTARABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9155	DEGARELIX	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9171	DOCETAXEL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9173	DURVALUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9176	ELOTUZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9177	ENFORTUMB VEDOTIN-EJFV	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9178	EPIRUBICIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9179	ERIBULIN MESYLATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9181	ETOPOSIDE - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9185	FLUDARABINE PHOSPHATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9190	5-FLUOROURACIL - INJECTION	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9198	GEMCITABINE HCL IN NACL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9200	FLOXURIDINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9201	GEMCITABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9202	GOSERELIN ACETATE IMPLANT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9203	GEMTUZUMAB OZOGAMICIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9204	MOGAMULIZUMAB-KPKC	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9205	IRINOTECAN LIPOSOME	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9206	IRINOTECAN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9207	IXABEPILONE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9208	IFOSFAMIDE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J9211	IDARUBICIN HCL - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9214	INTERFERON, ALFA-2B, RECOMBINANT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9216	INTERFERON, GAMMA-1B	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9217	LEUPROLIDE ACETATE (J9217: 7.5MG)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9218	LEUPROLIDE ACETATE (J9218: 1MG)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9225	HISTRELIN IMPLANT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J9227	ISATUXIMAB-IRFC	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9228	IPILUMUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9229	INOTUZUMAB OZOGAMICIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9233	LURBINECTIDIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9245	MELPHALAN HCL - NOS INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9246	MELPHALAN HCL - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9250	METHOTREXATE SODIUM (J9250: 5MG)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A

J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9260	METHOTREXATE SODIUM (J9260: 50MG)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9261	NELARABINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9262	OMACETAXINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9263	OXALIPLATIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9264	PACLITAXEL (ALBUMIN-BOUND)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9266	PEGASPARGASE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9267	PACLITAXEL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9268	PENTOSTATIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9269	TAGRAXOFUSP-ERZS	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9271	PEMBROLIZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9272	DOSTARLIMAB-GXLY	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9274	INJECTION TEBENTAFUSP-TEBN, 1 MICROGRAM	MEDICAL ONCOLOGY	eviCore	N/A
J9280	MITOMYCIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9281	MITOMYCIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9293	MITOXANTRONE HCL	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9295	NECITUMUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9299	NIVOLUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9301	OBINUTUZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9302	OFATUMUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9303	PANITUMUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9304	PEMETREXED	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9305	PEMETREXED	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9306	PERTUZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9307	PRALATREXATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9308	RAMUCIRUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9309	POLATUZUMAB VEDOTIN-PIIQ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9311	RITUXIMAB AND HYALURONIDASE HUMAN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9312	RITUXIMAB	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9313	MOXETUMOMAB PASUDOTOX-TDFK	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9315	ROMIDEPSIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9316	PERTUZUMAB/TRASTUZUMAB/HYALURONIDASE-ZZXF	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9317	SACITUZUMAB GOVITECAN-HZIQ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9320	STREPTOZOCIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9323	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9325	TALIMOGENE LAHERPAREPVEC	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9328	TEMOZOLOMIDE - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9330	TEMSIROLIMUS	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9340	THIOTEPA	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9351	TOPOTECAN - INJ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9352	TRABECTEDIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9354	ADO-TRASTUZUMAB EMTANSINE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9355	TRASTUZUMAB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9356	TRASTUZUMAB AND HYALURONIDASE-OYSK	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9357	VALRUBICIN	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9358	FAM-TRASTUZUMAB DERUXTECAN-NXKI	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9360	VINBLASTINE SULFATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9370	VINCRISTINE SULFATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A

J9371	VINCRIStINE SULFATE LIPOSOME	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	MEDICAL ONCOLOGY	eviCore	N/A
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
J9390	VINORELBINE TARTRATE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9393	INJECTION, FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9394	INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	SPECIALTY MEDICATIONS	eviCore	N/A
J9395	FULVESTRANT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9399	<p>These unclassified codes require PA only for the following drugs</p> <p>eviCore:</p> <ul style="list-style-type: none"> <li>• Unituxin • BESREMi • Eirexio • Epkinly</li> </ul> <p>BCBSAZ:</p> <ul style="list-style-type: none"> <li>• Lamzede</li> <li>• Nulbry • Revcovi</li> <li>• Eylea HD (8mg)</li> <li>• Upravri • Veopoz • Izervay • Ketalar</li> </ul>	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9400	ZIVAFIBERCEPT	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9600	PORFIMER SODIUM	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
J9999	<p>These unclassified codes require PA only for the following drugs</p> <p>eviCore:</p> <ul style="list-style-type: none"> <li>• Unituxin • BESREMi • Eirexio • Epkinly</li> </ul> <p>BCBSAZ:</p> <ul style="list-style-type: none"> <li>• Lamzede</li> <li>• Nulbry • Revcovi</li> <li>• Eylea HD (8mg)</li> <li>• Upravri • Veopoz • Izervay • Ketalar</li> </ul>	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
K0011	STANDARD-WEIGHT FRAME MOTORIZED/POWER WC W/PROGRAMMABLE CONTROL PARAMETERS	DME	BCBSAZ	N/A
K0606	AED GARMENT W ELEC ANALYSIS	DME	BCBSAZ	N/A
K0823	POWER WC GROUP 2 STANDARD CAPTAINS CHAIR PT WT CAPACITY 300 LBS	DME	BCBSAZ	N/A
K0825	POWER WC GROUP 2 HEAVY DUTY CAPTAINS CHAIR PT WT CAPACITY 301 TO 450 LBS	DME	BCBSAZ	N/A
K0835	POWER WC GROUP 2 SINGLE POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LBS	DME	BCBSAZ	N/A
K0848	POWER WC GROUP 3 SLING/SOLID SEAT/BACK PT WT CAPACITY UP TO AND INCL 300 LBS	DME	BCBSAZ	N/A
K0849	POWER WC GROUP 3 STANDARD CAPTAINS CHAIR PT WT CAPACITY UP TO AND INCL 300 LBS	DME	BCBSAZ	N/A
K0856	POWER WC GROUP 3 SINGLE POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP <=300 LB	DME	BCBSAZ	N/A
K0860	POWER WC GROUP 3 VERY HD SINGLE POWER OPTION PT WT CAP 451-600 LB	DME	BCBSAZ	N/A
K0861	POWER WC GROUP 3 MULTI POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LB	DME	BCBSAZ	N/A
K0884	POWER WC GROUP 4 MULTI POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LB	DME	BCBSAZ	N/A
K0899	POWER MOBILITY DEVICE NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	DME	BCBSAZ	N/A
K1001	ELECTRONIC POSITIONAL OBSTRUC SLEEP APNEA TX, W/SENS, INCL COMP/ACCESS, ANY TYPE	DME	BCBSAZ	N/A
K1019	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	DME	BCBSAZ	N/A
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PT MODEL, UCB TYPE	DME	BCBSAZ	N/A
L8614	COCHLEAR DEVICE INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	DME	BCBSAZ	N/A
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	DME	BCBSAZ	N/A
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EA	DME	BCBSAZ	N/A
L8681	PT PROGRAMMER EXTERNAL WITH IMPLANT PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	DME	BCBSAZ	N/A
L8686	IMPLANTABLE NEUROSTIM PULSE GENERATOR SINGLE ARRAY NON-RECHARGEABLE INCL EXTEN	DME	BCBSAZ	N/A
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY RECHARGE INC EXTENSION	DME	BCBSAZ	N/A
L8688	IMPLANTABLE NEUROSTIM PULSE GENERATOR DUAL ARRAY NON-RECHARGEABLE INCL EXTEN	DME	BCBSAZ	N/A
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR REPLACEMENT ONLY	DME	BCBSAZ	N/A
L8699	PROSTHETIC IMPLANT, NOS	DME	BCBSAZ	N/A
M0076	PROLOTHERAPY	INTERVENTIONAL PAIN MANAGEMENT	eviCore	N/A
Q2017	TENIPOSIDE	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q2041	AXICABTAGENE CILOLEUCEL, <=200 MIL AUTOLOGOUS ANTI-CD19 CAR T CELLS, PER INFUS	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q2042	TISAGENLEUCEL, CAR-POS VIABLE T CELLS INCL LEUKAPHERESIS/ DOSE PREP, PER DOSE	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q2043	SIPULEUCEL-T	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q2050	DOXORUBICIN HCL (LIPOSOMAL)	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q2055	IDECABTAGENE VICLEUCEL, UP TO 480 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	MEDICAL ONCOLOGY	BCBSAZ	N/A
Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q4074	ILOPROST, INHALATION SOLUTION FDA-APPROVED ADMIN THRU DME UNIT DOSE UP TO 20 MCG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q5101	FILGRASTIM-SNDZ	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5103	INJECTION, INFILIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q5104	INJECTION, INFILIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q5106	EPOETIN ALFA-EPBX	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A

Q5107	BEVACIZUMAB-AWWB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5108	PEGFILGRASTIM-JMDB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5110	FILGRASTIM-AAFI	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5111	PEGFILGRASTIM-CBQV	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5112	TRASTUZUMAB-DTTB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5113	TRASTUZUMAB-PKRB	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5114	TRASTUZUMAB-DKST	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5115	RITUXIMAB-ABBS	MEDICAL ONCOLOGY AND SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5116	TRASTUZUMAB-QYYP	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5117	TRASTUZUMAB-ANNS	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5118	BEVACIZUMAB-BVZR	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5119	RITUXIMAB-PVVR	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q5120	PEGFILGRASTIM-BMEZ	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5122	PEGFILGRASTIM-APGF	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	SPECIALTY MEDICATIONS	BCBSAZ	N/A
Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	SPECIALTY MEDICATIONS	eviCore	N/A
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	SPECIALTY MEDICATIONS	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
S0145	PEGINTERFERON, ALFA-2A	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
S0148	PEGINTERFERON, ALFA-2B	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses	N/A
S2095	TRASCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	RADIATION ONCOLOGY	eviCore	N/A
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	SURGERY	eviCore	N/A
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	LAB MANAGEMENT	eviCore	N/A
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2	LAB MANAGEMENT	eviCore	N/A
S3841	GENETIC TESTING FOR RETINOBLASTOMA	LAB MANAGEMENT	eviCore	N/A
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	LAB MANAGEMENT	eviCore	N/A
S3844	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL, PROFOUND DEAFNESS	LAB MANAGEMENT	eviCore	N/A
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	LAB MANAGEMENT	eviCore	N/A
S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA	LAB MANAGEMENT	eviCore	N/A
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	LAB MANAGEMENT	eviCore	N/A
S3852	DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE	LAB MANAGEMENT	eviCore	N/A
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT	LAB MANAGEMENT	eviCore	N/A
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	LAB MANAGEMENT	eviCore	N/A
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	LAB MANAGEMENT	eviCore	N/A
S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY	LAB MANAGEMENT	eviCore	N/A
S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY	LAB MANAGEMENT	eviCore	N/A
S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY	RADIATION ONCOLOGY	eviCore	N/A
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATO-GRAPHY (MRCP)	RADIOLOGY	eviCore	N/A
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	RADIOLOGY	eviCore	N/A
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL HEAD COINCIDENCE DETECTION SYSTEM, (NON-DEDICATED PET SCAN)	RADIOLOGY	eviCore	N/A
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	RADIOLOGY	eviCore	N/A
T1030	NURSING CARE IN THE HOME BY RN PER DIEM	NURSING SERVICES	BCBSAZ	N/A
T1031	NURSING CARE IN HOME BY LPN PER DIEM	NURSING SERVICES	BCBSAZ	N/A