

There are 2 PPA lists: One for all Carelon Programs and the other is for all others (Avalon, MHK and UM).

A column has been added to indicate who must be contacted to obtain with the following abbreviations:

AVALON=Avalon Lab

Blue Cross NC=Blue Cross UM

MHK=Pharmacy Vendor (access through Blue E only)

By clicking on the link, you will be sent to the corresponding program page for more information regarding the specific authorization process.

\*\*\*Effective 1/1/2021 LabCorp/Fortrea ASO Group members require PPA for ALL DME ITEMS over \$500 (excluding hearing aids)\*\*\*

[i]=Investigational

If you have questions regarding this list, please contact Blue Cross NC Utilization Management at 1-800-672-7897 or your provider relations representative.

**Notice Date:** The listed date is when the notice of the existing code was added.

**Effective Date:** The listed date is when the code will require prior authorization for correct claims processing. If there is no date in this field, the requirement is in effect.

**Ineffective Date:** The listed date is when the code became invalid or removed from PPA. The code can be billed for up to 18 months past the date for correct claims processing if prior authorization was requested.

CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0550	Skilled Nursing, general code	<a href="#">Blue Cross NC</a>		4/1/2006	
0551	SKILLED NURSING – HH	<a href="#">Blue Cross NC</a>		1/1/2005	
0552	PRIVATE DUTY NURSING – RN	<a href="#">Blue Cross NC</a>		1/1/2005	
0559	PRIVATE DUTY NURSING – LPN	<a href="#">Blue Cross NC</a>		1/1/2005	
0570	HOME HEALTH AIDE – HH	<a href="#">Blue Cross NC</a>		1/1/2005	
0571	HOME HEALTH AIDE – HOURLY CHARGE – PDN	<a href="#">Blue Cross NC</a>		1/1/2005	
0870	General Classification	<a href="#">MHK</a>		4/1/2019	
0871	Cell Collection	<a href="#">MHK</a>		4/1/2019	
0872	Specialized Biologic Processing and Storage - Prior to Transport	<a href="#">MHK</a>		4/1/2019	
0873	Storage and Processing after Receipt of Cells from Manufacturer	<a href="#">MHK</a>		4/1/2019	
0874	Infusion of Modified Cells	<a href="#">MHK</a>		4/1/2019	
0875	Injection of Modified Cells	<a href="#">MHK</a>		4/1/2019	
0905	INTENSIVE OUTPATIENT SERVICES PSYCHIATRIC	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
0906	INTENSIVE OUTPATIENT SERVICES CHEMICAL DEP	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
0912	PSYCHIATRIC / PARTIAL HOSPITALIZATION LESS INTENSIVE	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
0913	PSYCHIATRIC / PARTIAL HOSPITALIZATION - INTENSIVE	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
11971	Removal of tissue expander(s) without insertion of prosthesis	<a href="#">Blue Cross NC</a>		7/1/2005	
15786	Abrasion; single lesion (eg, keratosis, scar)	<a href="#">Blue Cross NC</a>		7/1/2005	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2005	
15819	Cervicoplasty	<a href="#">Blue Cross NC</a>		10/1/2006	
15820	Blepharoplasty, lower eyelid;	<a href="#">Blue Cross NC</a>		7/1/2005	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	<a href="#">Blue Cross NC</a>		7/1/2005	
15822	Blepharoplasty, upper eyelid;	<a href="#">Blue Cross NC</a>		7/1/2005	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	<a href="#">Blue Cross NC</a>		7/1/2005	
15824	Rhytidectomy; forehead	<a href="#">Blue Cross NC</a>		7/1/2005	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
15826	Rhytidectomy; glabellar frown lines	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	

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15828	Rhytidectomy; cheek, chin, and neck	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	<a href="#">Blue Cross NC</a>		1/1/2007	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	<a href="#">Blue Cross NC</a>		1/1/2006	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	<a href="#">Blue Cross NC</a>		1/1/2006	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	<a href="#">Blue Cross NC</a>		1/1/2006	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	<a href="#">Blue Cross NC</a>		1/1/2006	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	<a href="#">Blue Cross NC</a>		1/1/2006	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	<a href="#">Blue Cross NC</a>		1/1/2006	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	<a href="#">Blue Cross NC</a>		1/1/2006	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	<a href="#">Blue Cross NC</a>		7/1/2005	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2007	
15876	Suction assisted lipectomy; head and neck	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
15877	Suction assisted lipectomy; trunk	<a href="#">Blue Cross NC</a>		7/1/2007	
15878	Suction assisted lipectomy; upper extremity	<a href="#">Blue Cross NC</a>		7/1/2008	
15879	Suction assisted lipectomy; lower extremity	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
19300	Mastectomy for gynecomastia	<a href="#">Blue Cross NC</a>		1/1/2007	
19316	Mastopexy	<a href="#">Blue Cross NC</a>		7/1/2005	
19318	Reduction mammoplasty	<a href="#">Blue Cross NC</a>		7/1/2005	
19324	Mammoplasty, augmentation; without prosthetic implant	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	

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19325	Mammoplasty, augmentation; with prosthetic implant	<a href="#">Blue Cross NC</a>	7/1/2021	10/1/2021	
19355	Correction of inverted nipples	<a href="#">Blue Cross NC</a>		7/1/2005	
19370	Open periprosthetic capsulotomy, breast	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	
19371	Periprosthetic capsulectomy, breast	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	
19499	Unlisted procedure, breast	<a href="#">Blue Cross NC</a>		7/1/2005	
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	<a href="#">Blue Cross NC</a>	10/1/2024	4/1/2025	
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	<a href="#">Blue Cross NC</a>	10/1/2024	4/1/2025	
20939 [i]	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
20939(i)	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	<a href="#">Blue Cross NC</a>		7/1/2005	
20985 [i]	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
21010	Arthrotomy, temporomandibular joint	<a href="#">Blue Cross NC</a>		7/1/2008	
21050	Condylectomy, temporomandibular joint (separate procedure)	<a href="#">Blue Cross NC</a>		7/1/2008	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
21089	Unlisted maxillofacial prosthetic procedure	<a href="#">Blue Cross NC</a>		7/1/2005	
21121	Genioplasty; sliding osteotomy, single piece	<a href="#">Blue Cross NC</a>		7/1/2005	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	<a href="#">Blue Cross NC</a>		7/1/2005	

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21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	
21125	Augmentation, mandibular body or angle; prosthetic material	<a href="#">Blue Cross NC</a>		7/1/2005	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	<a href="#">Blue Cross NC</a>		7/1/2005	
21137	Reduction forehead; contouring only	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	<a href="#">Blue Cross NC</a>	1/1/2016	4/1/2016	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	<a href="#">Blue Cross NC</a>		7/1/2005	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	<a href="#">Blue Cross NC</a>		7/1/2005	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	<a href="#">Blue Cross NC</a>		7/1/2005	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	<a href="#">Blue Cross NC</a>		7/1/2005	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	<a href="#">Blue Cross NC</a>		7/1/2005	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	<a href="#">Blue Cross NC</a>		7/1/2005	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	

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21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	<a href="#">Blue Cross NC</a>		7/1/2005	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	<a href="#">Blue Cross NC</a>		7/1/2005	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	<a href="#">Blue Cross NC</a>		7/1/2005	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	<a href="#">Blue Cross NC</a>		7/1/2005	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	<a href="#">Blue Cross NC</a>		7/1/2005	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	<a href="#">Blue Cross NC</a>		7/1/2005	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	<a href="#">Blue Cross NC</a>		7/1/2005	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	<a href="#">Blue Cross NC</a>		7/1/2005	
21198	Osteotomy, mandible, segmental;	<a href="#">Blue Cross NC</a>		7/1/2005	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	<a href="#">Blue Cross NC</a>		7/1/2005	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	<a href="#">Blue Cross NC</a>		7/1/2005	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	<a href="#">Blue Cross NC</a>		7/1/2005	
21209	Osteoplasty, facial bones; reduction	<a href="#">Blue Cross NC</a>		7/1/2005	

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21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	<a href="#">Blue Cross NC</a>		7/1/2005	
21215	Graft, bone; mandible (includes obtaining graft)	<a href="#">Blue Cross NC</a>		7/1/2005	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	<a href="#">Blue Cross NC</a>		7/1/2008	
21242	Arthroplasty, temporomandibular joint, with allograft	<a href="#">Blue Cross NC</a>		7/1/2008	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	<a href="#">Blue Cross NC</a>		7/1/2008	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	<a href="#">Blue Cross NC</a>		7/1/2005	
21270	Malar augmentation, prosthetic material	<a href="#">Blue Cross NC</a>		7/1/2005	
21280	Medial canthopexy (separate procedure)	<a href="#">Blue Cross NC</a>		7/1/2005	
21299	Unlisted craniofacial and maxillofacial procedure	<a href="#">Blue Cross NC</a>		7/1/2005	
21685	Hyoid myotomy and suspension	<a href="#">Blue Cross NC</a>		7/1/2005	
21740	Reconstructive repair of pectus excavatum or carinatum; open	<a href="#">Blue Cross NC</a>		7/1/2005	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	<a href="#">Blue Cross NC</a>		1/1/2006	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	<a href="#">Blue Cross NC</a>		1/1/2006	
22526(i)	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	<a href="#">Blue Cross NC</a>		1/1/2007	
22527(i)	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2007	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>

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22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY)</b>	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY) (ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>

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22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures)</b>	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>

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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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures) (ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2023	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) <b>(FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures)</b>	<a href="#">Blue Cross NC</a>		1/1/2011	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) <b>(FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures)(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	<a href="#">Blue Cross NC</a>		1/1/2011	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY)</b>	<a href="#">Blue Cross NC</a>		1/1/2011	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
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) <b>(FOR LUMBAR FUSION PROCEDURES ONLY) (ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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	<a href="#">Blue Cross NC</a>		1/1/2012	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
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 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) <b>(FOR LUMBAR FUSION PROCEDURES ONLY)</b>	<a href="#">Blue Cross NC</a>		1/1/2012	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) <b>(FOR LUMBAR FUSION PROCEDURES ONLY) (ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22836(i)	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	<a href="#">Blue Cross NC</a>		1/1/2024	
22837(i)	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	<a href="#">Blue Cross NC</a>		1/1/2024	
22838(i)	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	7/18/2023
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	<a href="#">Blue Cross NC</a>		1/1/2009	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22857(i)	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	<a href="#">Blue Cross NC</a>		1/1/2007	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
22857(i)	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2015	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22860(i)	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)	<a href="#">Blue Cross NC</a>		1/1/2023	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
22860(i)	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) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	<a href="#">Blue Cross NC</a>		1/1/2009	<b>9/30/2023</b> Auth though Carelon as of 10/1 for fully insured groups
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22862(i)	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	<a href="#">Blue Cross NC</a>		1/1/2007	<b>9/30/2023</b> Auth though Carelon as of 10/1 for fully insured groups
22862(i)	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	<a href="#">Blue Cross NC</a>		1/1/2009	<b>9/30/2023</b> Auth though Carelon as of 10/1 for fully insured groups
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
22865(i)	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	<a href="#">Blue Cross NC</a>		1/1/2007	<b>9/30/2023</b> Auth though Carelon as of 10/1 for fully insured groups
22865(i)	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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27278(i)	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		1/1/2024	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	<a href="#">Blue Cross NC</a>		1/1/2015	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	<a href="#">Blue Cross NC</a>	1/1/2013	4/1/2013	10/31/2023
27299	Unlisted PROCEDURE, Pelvis, or HIP JOINT. PLEASE NOTE, PPA is needed ONLY for SI Joint Fusion.	<a href="#">Blue Cross NC</a>		1/1/2010	10/31/2023
27412	Autologous chondrocyte implantation, knee	<a href="#">Blue Cross NC</a>		10/1/2006	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
27412	Autologous chondrocyte implantation, knee <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
27415	Osteochondral allograft, knee, open	<a href="#">Blue Cross NC</a>		7/1/2008	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
27415	Osteochondral allograft, knee, open <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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28890(i)	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	<a href="#">Blue Cross NC</a>		1/1/2006	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	<a href="#">Blue Cross NC</a>		1/1/2010	
29804	Arthroscopy, temporomandibular joint, surgical	<a href="#">Blue Cross NC</a>		4/1/2009	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	<a href="#">Blue Cross NC</a>		1/1/2005	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	<a href="#">Blue Cross NC</a>		7/1/2005	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	<a href="#">Blue Cross NC</a>		7/1/2005	
30420	Rhinoplasty, primary; including major septal repair	<a href="#">Blue Cross NC</a>		7/1/2005	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	<a href="#">Blue Cross NC</a>		7/1/2005	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	<a href="#">Blue Cross NC</a>		7/1/2005	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	<a href="#">Blue Cross NC</a>		7/1/2005	
30468(i)	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	<a href="#">Blue Cross NC</a>		4/1/2021	
30469(i)	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	<a href="#">Blue Cross NC</a>		1/1/2023	
31200(i)	ETHMOIDECTOMY; INTRANASAL, ANTERIOR <b>(when used for Surgical Treatment of Migraine Headache)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
31201(i)	ETHMOIDECTOMY; INTRANASAL, TOTAL <b>(when used for Surgical Treatment of Migraine Headache)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	

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31205(i)	ETHMOIDECTOMY; EXTRANASAL, TOTAL (when used for Surgical Treatment of Migraine Headache)	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
31242(i)	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	<a href="#">Blue Cross NC</a>		1/1/2024	
31243(i)	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	<a href="#">Blue Cross NC</a>		1/1/2024	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	<a href="#">Blue Cross NC</a>		1/1/2018	
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	<a href="#">Blue Cross NC</a>		7/1/2010	
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	<a href="#">Blue Cross NC</a>		7/1/2010	
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	<a href="#">Blue Cross NC</a>		7/1/2010	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	<a href="#">Blue Cross NC</a>		1/1/2018	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	<a href="#">Blue Cross NC</a>		1/1/2018	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	<a href="#">Blue Cross NC</a>		7/1/2010	
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	<a href="#">Blue Cross NC</a>		7/1/2010	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	<a href="#">Blue Cross NC</a>		7/1/2010	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	<a href="#">Blue Cross NC</a>		7/1/2010	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine	<a href="#">Blue Cross NC</a>		10/1/2011	

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31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)	<a href="#">Blue Cross NC</a>		10/1/2011	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)	<a href="#">Blue Cross NC</a>		10/1/2011	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	<a href="#">Blue Cross NC</a>		1/1/2018	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
31660(i)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	<a href="#">Blue Cross NC</a>	7/1/2014	10/1/2014	
31661(i)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	<a href="#">Blue Cross NC</a>	7/1/2014	10/1/2014	
32851	Lung transplant, single; without cardiopulmonary bypass	<a href="#">Blue Cross NC</a>		7/1/2005	
32852	Lung transplant, single; with cardiopulmonary bypass	<a href="#">Blue Cross NC</a>		7/1/2005	

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32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	<a href="#">Blue Cross NC</a>		7/1/2005	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	<a href="#">Blue Cross NC</a>		7/1/2005	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	<a href="#">Blue Cross NC</a>		1/1/2022	
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, plication, clip) (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2022	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	<a href="#">Blue Cross NC</a>		1/1/2022	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	<a href="#">Blue Cross NC</a>		1/1/2019	3/31/2023
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	<a href="#">Blue Cross NC</a>		1/1/2019	3/31/2023
33276(i)	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
33277(i)	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
33278(i)	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	<a href="#">Blue Cross NC</a>		1/1/2024	

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33279(i)	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	<a href="#">Blue Cross NC</a>		1/1/2024	
33280(i)	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	<a href="#">Blue Cross NC</a>		1/1/2024	
33281(i)	Repositioning of phrenic nerve stimulator transvenous lead(s)	<a href="#">Blue Cross NC</a>		1/1/2024	
33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
33287(i)	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	<a href="#">Blue Cross NC</a>		1/1/2024	
33288(i)	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	<a href="#">Blue Cross NC</a>		1/1/2024	
33289(i)	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR, RIGHT HEART CATHETERIZATION, SELECTIVE PULMONARY CATHETERIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND PULMONARY ARTERY ANGIOGRAPHY, WHEN PERFORMED	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	<a href="#">Blue Cross NC</a>		1/1/2017	

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33930	Donor cardiectomy-pneumonectomy (including cold preservation)	<a href="#">Blue Cross NC</a>		7/1/2005	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	<a href="#">Blue Cross NC</a>		7/1/2005	
33945	Heart transplant, with or without recipient cardiectomy	<a href="#">Blue Cross NC</a>		7/1/2005	
36522	Photopheresis, extracorporeal	<a href="#">Blue Cross NC</a>		1/1/2011	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	<a href="#">Blue Cross NC</a>		4/1/2006	
37216(i)	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	<a href="#">Blue Cross NC</a>		10/1/2006	
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	<a href="#">Blue Cross NC</a>		1/1/2015	

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37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) <b>(PPA required only when performing Ovarian or Internal Iliac Embolization, Ablation or Sclerotherapy for treatment of pelvic congestion syndrome, and treatment of congenital heart defects)</b>	<a href="#">Blue Cross NC</a>		1/1/2014	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction <b>(PPA required only when performing Radioembolization for Primary and Metastatic Tumors of the Liver, Ovarian or Internal Iliac Embolization, Ablation or Sclerotherapy for treatment ofr pelvic congestion syndrome, and treatment of congenital heart defects )</b>	<a href="#">Blue Cross NC</a>		1/1/2014	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation <b>(PPA required only when performing Radioembolization for Primary and Metastatic Tumors of the Liver, Ovarian or Internal Iliac Embolization, Ablation or Sclerotherapy for treatment of pelvic congestion syndrome, and treatment of congenital heart defects )</b>	<a href="#">Blue Cross NC</a>		1/1/2014	
38230	Bone marrow harvesting for transplantation; allogeneic	<a href="#">Blue Cross NC</a>		7/1/2005	
38232	Bone marrow harvesting for transplantation; autologous	<a href="#">Blue Cross NC</a>		1/1/2012	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	<a href="#">Blue Cross NC</a>		7/1/2005	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	<a href="#">Blue Cross NC</a>		7/1/2005	
38243	Hematopoietic progenitor cell (HPC); HPC boost	<a href="#">Blue Cross NC</a>		1/1/2013	
38999	Unlisted procedure, hemic or lymphatic system	<a href="#">Blue Cross NC</a>	10/1/2018	1/1/2019	
41120	Glossectomy; less than one-half tongue	<a href="#">Blue Cross NC</a>		7/1/2005	
41512(i)	Tongue base suspension, permanent suture technique	<a href="#">Blue Cross NC</a>		1/1/2009	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	<a href="#">Blue Cross NC</a>		1/1/2009	
41599(i)	Unlisted procedure, tongue, floor of mouth ( <b>when used for Tongue Base Ablation</b> )	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	<a href="#">Blue Cross NC</a>		7/1/2005	
42299	Unlisted procedure, palate, uvula	<a href="#">Blue Cross NC</a>		7/1/2005	
43210 [i]	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
43285	Removal of esophageal sphincter augmentation device	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
43290(i)	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	<a href="#">Blue Cross NC</a>		1/1/2023	
43291(i)	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	<a href="#">Blue Cross NC</a>		1/1/2023	
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	<a href="#">Blue Cross NC</a>		1/1/2022	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	<a href="#">Blue Cross NC</a>		7/1/2005	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	<a href="#">Blue Cross NC</a>		7/1/2005	

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43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	<a href="#">Blue Cross NC</a>		7/1/2005	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	<a href="#">Blue Cross NC</a>		1/1/2007	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	<a href="#">Blue Cross NC</a>		1/1/2007	
43659	Unlisted laparoscopy procedure, stomach	<a href="#">Blue Cross NC</a>		7/1/2005	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	<a href="#">Blue Cross NC</a>		1/1/2006	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	<a href="#">Blue Cross NC</a>		1/1/2006	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	<a href="#">Blue Cross NC</a>		1/1/2006	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	<a href="#">Blue Cross NC</a>		1/1/2006	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	<a href="#">Blue Cross NC</a>		1/1/2006	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	<a href="#">Blue Cross NC</a>		1/1/2010	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	<a href="#">Blue Cross NC</a>		7/1/2005	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	<a href="#">Blue Cross NC</a>		7/1/2005	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	<a href="#">Blue Cross NC</a>		7/1/2005	

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43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	<a href="#">Blue Cross NC</a>		7/1/2005	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	<a href="#">Blue Cross NC</a>		7/1/2005	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	<a href="#">Blue Cross NC</a>		7/1/2005	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	<a href="#">Blue Cross NC</a>		1/1/2007	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	<a href="#">Blue Cross NC</a>		1/1/2007	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	<a href="#">Blue Cross NC</a>		1/1/2006	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	<a href="#">Blue Cross NC</a>		1/1/2006	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	<a href="#">Blue Cross NC</a>		7/1/2005	
43999	Unlisted procedure, stomach	<a href="#">Blue Cross NC</a>		7/1/2005	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	<a href="#">Blue Cross NC</a>		7/1/2008	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	<a href="#">Blue Cross NC</a>		7/1/2008	
44135	Intestinal allotransplantation; from cadaver donor	<a href="#">Blue Cross NC</a>		7/1/2005	
44136	Intestinal allotransplantation; from living donor	<a href="#">Blue Cross NC</a>		7/1/2005	
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis (PPA required only when performed as part of bariatric surgery)	<a href="#">Blue Cross NC</a>	4/1/2016	7/1/2016	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	<a href="#">Blue Cross NC</a>		7/1/2008	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	<a href="#">Blue Cross NC</a>		7/1/2008	

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44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	<a href="#">Blue Cross NC</a>		7/1/2008	
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	<a href="#">Blue Cross NC</a>		7/1/2005	
47383 [i]	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
47379	Unlisted laparoscopic procedure, liver(PPA required only when performed as part of bariatric surgery)	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
47399	Unlisted procedure, liver (PPA REQUIRED ONLY WHEN USED FOR LIVER TRANSPLANTATION HETEROTOPIC)	<a href="#">Blue Cross NC</a>		1/1/2019	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	<a href="#">Blue Cross NC</a>		7/1/2005	
48554	Transplantation of pancreatic allograft	<a href="#">Blue Cross NC</a>		7/1/2005	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum (PPA required only when performed as part of bariatric surgery)	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy (Some plans may have specific benefit considerations. Prior authorization is required before proceeding with transplant workup, evaluation, listing, and or hospital admission.. <b>Contact BCBSNC transplant line @ 919.765.2942 for benefit verification and eligibility)</b>	<a href="#">Blue Cross NC</a>	1/1/2021	4/1/2021	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy (Some plans may have specific benefit considerations. Prior authorization is required before proceeding with transplant workup, evaluation, listing, and or hospital admission.. <b>Contact BCBSNC transplant line @ 919.765.2942 for benefit verification and eligibility)</b>	<a href="#">Blue Cross NC</a>	1/1/2021	4/1/2021	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	<a href="#">Blue Cross NC</a>	4/1/2018	7/1/2018	

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52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure	<a href="#">Blue Cross NC</a>	4/1/2018	7/1/2018	
53451(i)	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	<a href="#">Blue Cross NC</a>		1/1/2022	
53452(i)	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	<a href="#">Blue Cross NC</a>		1/1/2022	
53453(i)	Periurethral transperineal adjustable balloon continence device; removal, each balloon	<a href="#">Blue Cross NC</a>		1/1/2022	
53454(i)	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	<a href="#">Blue Cross NC</a>		1/1/2022	
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
53899(i)	Unlisted procedure, urinary system <b>(when used for Water Induced Thermotherapy)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	3/1/2024
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
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	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	

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54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
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	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
54660	Insertion of testicular prosthesis (separate procedure)	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	<a href="#">Blue Cross NC</a>	1/1/2022	4/1/2022	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	<a href="#">Blue Cross NC</a>	4/1/2019	7/1/2019	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	<a href="#">Blue Cross NC</a>		1/1/2021	
55970	Intersex surgery; male to female	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
55980	Intersex surgery; female to male	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
56800	Plastic repair of introitus	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
56805	Clitoroplasty for intersex state	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
57291	Construction of artificial vagina; without graft	<a href="#">Blue Cross NC</a>		1/1/2005	
57292	Construction of artificial vagina; with graft	<a href="#">Blue Cross NC</a>		7/1/2005	
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	<a href="#">Blue Cross NC</a>		1/1/2007	
57335	Vaginoplasty for intersex state	<a href="#">Blue Cross NC</a>	10/1/2016	1/1/2017	
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	<a href="#">Blue Cross NC</a>		1/1/2010	
58578(i)	Unlisted laparoscopy procedure, uterus ( <b>when used for Laparoscopic Uterosacral Nerve Ablation</b> )	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	

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58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	<a href="#">Blue Cross NC</a>		1/1/2024	6/30/2024
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	<a href="#">Blue Cross NC</a>	4/1/2020	7/1/2020	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	<a href="#">Blue Cross NC</a>		1/1/2022	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	<a href="#">Blue Cross NC</a>		1/1/2022	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
62287(i)	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	<a href="#">Blue Cross NC</a>		7/1/2005	
62292(i)	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	

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62380(i)	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	<a href="#">Blue Cross NC</a>		1/1/2017	
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	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
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 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	<a href="#">Blue Cross NC</a>		10/1/2023	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
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) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
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 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
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 <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
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)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
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) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
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) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	<a href="#">Blue Cross NC</a>		10/1/2023	
63200	Laminectomy, with release of tethered spinal cord, lumbar	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63200	Laminectomy, with release of tethered spinal cord, lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	<a href="#">Blue Cross NC</a>		7/1/2008	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
63650	Percutaneous implantation of neurostimulator electrode array, epidural <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	<a href="#">Blue Cross NC</a>		7/1/2008	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2010	10/31/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2010	10/31/2023
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2010	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2010	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	<a href="#">Blue Cross NC</a>		7/1/2008	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	<a href="#">Blue Cross NC</a>		7/1/2008	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
64454 [i]	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
64505 [i]	Injection, anesthetic agent; sphenopalatine ganglion	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
64555(i)	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator (PPA required for all diagnoses)	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
64580	Incision for implantation of neurostimulator electrode Array; neuromuscular	<a href="#">Blue Cross NC</a>		10/1/2006	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	<a href="#">Blue Cross NC</a>		1/1/2022	12/31/2022 Auth though Carelon as of 1/1 for applicable groups
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array <b>(SHP Members only)</b>	<a href="#">Blue Cross NC</a>	10/1/2022	1/1/2023	
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	<a href="#">Blue Cross NC</a>		1/1/2022	12/31/2022 Auth though Carelon as of 1/1 for applicable groups

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator <b>(SHP Members only)</b>	<a href="#">Blue Cross NC</a>	10/1/2022	1/1/2023	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	<a href="#">Blue Cross NC</a>		1/1/2022	12/31/2022 Auth though Carelon as of 1/1 for applicable groups
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array <b>(SHP Members only)</b>	<a href="#">Blue Cross NC</a>	10/1/2022	1/1/2023	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
64596(i)	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	<a href="#">Blue Cross NC</a>		1/1/2024	
64597(i)	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
64598(i)	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	<a href="#">Blue Cross NC</a>		1/1/2024	
64624 [i]	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64625 [i]	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
64625 [i]	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
64628(i)	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	<a href="#">Blue Cross NC</a>		1/1/2022	
64629(i)	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2022	
64632 [i]	Destruction by neurolytic agent; plantar common digital nerve	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, single facet joint	<a href="#">Blue Cross NC</a>	1/1/2012	4/1/2012	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, single facet joint <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, Each additional facet joint (list seperately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	1/1/2012	4/1/2012	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, Each additional facet joint (list seperately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, single facet joint	<a href="#">Blue Cross NC</a>	1/1/2012	4/1/2012	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, single facet joint <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, Each additional facet joint (list seperately in addition to code for primacy procedure)	<a href="#">Blue Cross NC</a>	1/1/2012	4/1/2012	<b>9/30/2023</b> <b>Auth though Carelon as of 10/1 for fully insured groups</b>
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, Each additional facet joint (list seperately in addition to code for primacy procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
64732(i)	Transection or avulsion of; supraorbital nerveE <b>(when used for Surgical Treatment of Migraine Headache)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
64734(i)	Transection or avulsion of; infraorbital nerve <b>(when used for Surgical Treatment of Migraine Headache)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
64999	Unlisted procedure, nervous system (PPA will be required for MRI-guided Laser-induced Thermotherapy only)	<a href="#">Blue Cross NC</a>	4/1/2020	7/1/2020	Effective 1/1/2022 use 61736 or 61737
64999(i)	Unlisted procedure, nervous system <b>(PPA will be required for IB-Stim only)</b>	<a href="#">Blue Cross NC</a>	7/1/2021	10/1/2021	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	<a href="#">Blue Cross NC</a>		7/1/2005	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	<a href="#">Blue Cross NC</a>		7/1/2005	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	<a href="#">Blue Cross NC</a>		7/1/2005	

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67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	<a href="#">Blue Cross NC</a>		7/1/2005	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	<a href="#">Blue Cross NC</a>		7/1/2005	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	<a href="#">Blue Cross NC</a>		7/1/2005	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	<a href="#">Blue Cross NC</a>		7/1/2005	
67914	Repair of ectropion; suture	<a href="#">Blue Cross NC</a>		7/1/2005	
67916	Repair of ectropion; excision tarsal wedge	<a href="#">Blue Cross NC</a>		7/1/2005	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	<a href="#">Blue Cross NC</a>		7/1/2005	
67921	Repair of entropion; suture	<a href="#">Blue Cross NC</a>		7/1/2005	
67923	Repair of entropion; excision tarsal wedge	<a href="#">Blue Cross NC</a>		7/1/2005	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	<a href="#">Blue Cross NC</a>		7/1/2005	
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	<a href="#">Blue Cross NC</a>		1/1/2021	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	<a href="#">Blue Cross NC</a>		1/1/2021	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		7/1/2006	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2022	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		4/1/2007	
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2023	
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2023	
69930	Cochlear device implantation, with or without mastoidectomy	<a href="#">Blue Cross NC</a>		7/1/2005	
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation APPLIES TO SELECTIVE INTERNAL RADIATION THERAPY FOR TUMORS OF THE LIVER, or ovarian and internal iliac vein embolization for pelvic congestion syndrome	<a href="#">Blue Cross NC</a>		7/1/2009	
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple <b>(for Treatment of Prostate Cancer only)</b>	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	

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77401	Radiation treatment delivery, superficial and/or ortho voltage, per day <b>(FOR TREATMENT OF KELOID ONLY)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
77520	proton treatment delivery; simple, without compensation	<a href="#">Blue Cross NC</a>		2/15/2011	
77522	proton treatment delivery, simple, with compensation	<a href="#">Blue Cross NC</a>		2/15/2011	
77523	proton treatment delivery, intermediate	<a href="#">Blue Cross NC</a>		2/15/2011	
77525	proton treatment delivery, complex	<a href="#">Blue Cross NC</a>		2/15/2011	
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL	<a href="#">Blue Cross NC</a>		1/1/2016	12/31/2022
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS, OR MULTIPLE LESIONS	<a href="#">Blue Cross NC</a>		1/1/2016	12/31/2022
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (e.g., glioma), common variants (e.g., R140W, R172M)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81161	DMD (dystrophin) (e.g., Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81162	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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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)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	<a href="#">AVALON</a>		1/1/2021	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (e.g., acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81171	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia) gene analysis; targeted sequence analysis (e.g., exon 12)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	10/1/2019	1/1/2020	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	<a href="#">AVALON</a>	10/1/2019	1/1/2020	

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81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81191	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	<a href="#">AVALON</a>		1/1/2021	
81192	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	<a href="#">AVALON</a>		1/1/2021	
81193	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	<a href="#">AVALON</a>		1/1/2021	
81194	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	<a href="#">AVALON</a>		1/1/2021	
81200	ASPA (aspartoacylase) (e.g., Canavan disease) gene analysis, common variants (e.g., E285A, Y231X) (ASPA genetic analysis, CANW, or Canavan disease mutation analysis)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81201	APC (adenomatous polyposis coli) (e.g., familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence (APC gene that cause polyposis conditions such as FAP, colon cancer predisposition, Gardner syndrome, and Turcot syndrome)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81202	APC (adenomatous polyposis coli) (e.g., familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants (APC gene that cause polyposis conditions such as FAP, colon cancer predisposition, Gardner syndrome, and Turcot syndrome)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81203	APC (adenomatous polyposis coli) (e.g., familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81206	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81207	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; minor breakpoint qualitative or quantitative	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81208	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81209	BLM (Bloom Syndrome, RecQ helicase-like) (e.g., Bloom Syndrome) gene analysis, 2281del6ins7 variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (e.g., colon cancer, melanoma), gene analysis, V600 variant(s)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (e.g., acute myeloid leukemia), gene analysis, full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81219	CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (e.g., bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; Interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (may be ordered as aCGH, CGH, or CMA)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81235	EGFR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g. exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81238	F9 (coagulation factor IX) (e.g. hemophilia B) full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81240	F2 (prothrombin, coagulation factor II) (e.g., hereditary hypercoagulability) gene analysis, 20210G>A variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81241	F5 (coagulation factor V) (e.g., hereditary hypercoagulability) gene analysis, Leiden variant. Determines gene mutations that directly affect coagulation.	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81242	FANCC (Fanconi Anemia, complementation group C) (e.g., Fanconi Anemia, type C) gene analysis, common variant (e.g., IVS4+4A>T)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81245	FLT3 (Fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (i.e., exons 14, 15)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	<a href="#">AVALON</a>	1/1/2022	4/1/2022	

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81247	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice) gene analysis; common variant(s) (e.g., A, A-)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81249	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81250	G6PD (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, Von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81251	GBA (glucosidase, beta, acid) (e.g., Gaucher disease) gene analysis, common variants (e.g., N370S, 84GG, L444P, IVS2+1G>A)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232 kb [del(GJB6-D13S1854)])	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (e.g., Tay-Sachs disease) gene analysis, common variants (e.g., 1278insTATC, 1421+1G>C, G269S)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81256	HFE (hemochromatosis) (e.g., hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease) gene analysis, for common deletions or variant (e.g., Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2 alpha20.5, Constant Spring)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (e.g., familial dysautonomia) gene analysis, common variants (e.g., 2507+6T>C, R696P)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81265	Comparative analysis using Short Tandem Repeat (STR) makers; patient and comparative specimen (e.g., pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [e.g., buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen) e.g., additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81270	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g. carcinoma) gene analysis, variants in exon, (e.g., codons 12 and 13)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; additional variant(s) (e.g., codon 61, codon 146)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	<a href="#">AVALON</a>		1/1/2020	
81278	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	<a href="#">AVALON</a>		1/1/2021	
81279	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	<a href="#">AVALON</a>		1/1/2021	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	<a href="#">AVALON</a>	1/1/2019	4/1/2020	
81290	MCOLN1 (mucolipin 1) (e.g., Mucopolipidosis, type IV) gene analysis, common variants (e.g., IVS3-2A>G, del6, 4kb)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome ) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome ) gene analysis; known familial variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81298	MSH6 (mutS homolog 6 [E. Coli]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81299	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81300	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81301	Microsatellite instability analysis (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (e.g., BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81302	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81304	Mecp2 (methyl cpg binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	<a href="#">AVALON</a>		1/1/2020	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	<a href="#">AVALON</a>		1/1/2020	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	<a href="#">AVALON</a>		1/1/2020	
81310	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, exon 12 variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	<a href="#">AVALON</a>	10/1/2019	1/1/2020	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; common breakpoints (e.g., intron 3 and intron 6), qualitative or quantitative	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (e.g., intron 3, intron 6 or exon 6), qualitative or quantitative	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81320	Gene analysis (phospholipase C gamma 2) for common variants Familial Cold autoinflammatory Syndrome	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81321	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81322	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81323	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81324	PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81325	PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (e.g., adverse drug reaction) gene analysis, common variant(s) (e.g., *5)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (e.g., Niemann-Pick disease, Type A) gene analysis, common variants (e.g., R496L, L302P, fsP330)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81334	RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (e.g., exons 3-8)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81335	TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism) gene analysis, common variants (e.g., *2, *3)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81338	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	<a href="#">AVALON</a>		1/1/2021	
81339	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	<a href="#">AVALON</a>		1/1/2021	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81344	Gene analysis (TATA box binding protein) for abnormal alleles	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	<a href="#">AVALON</a>		1/1/2021	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	<a href="#">AVALON</a>		1/1/2021	
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	<a href="#">AVALON</a>		1/1/2022	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	<a href="#">AVALON</a>		1/1/2021	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	<a href="#">AVALON</a>		1/1/2021	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	<a href="#">AVALON</a>		1/1/2021	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	<a href="#">AVALON</a>		1/1/2021	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	<a href="#">AVALON</a>		1/1/2021	
81361	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81363	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletions variant(s)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81364	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1--These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2-- These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3-- These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4--These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5-- These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6-- These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined .	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7-- These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined.	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 --These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined.	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 --These tests are used to analyze nucleic acid for abnormalities that may be indicative of a variety of disorders. Cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection are included in the molecular pathology procedure codes. Any procedures prior to cell lysis may be reported separately. Code selection is dependent upon the gene and the specific mutation examined.	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
81412	Ashkenazi Jewish associated disorders (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81413	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include at least 10 genes including ANK2, CASQ2, CAV3, KCNE1, KCNE2,, KCNH2, KCNJ2, KCNQ1, RYR2 AND SCN5A	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81414	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel must include at least 2 genes, to include KCNH2 and KCNQ1	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome )	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
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	<a href="#">AVALON</a>		1/1/2021	
81430	Hearing loss (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81431	Hearing loss (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
81432	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81434	Hereditary retinal disorders (e.g., retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81435	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81436	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81437	Hereditary neuroendocrine tumor disorders (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81438	Hereditary neuroendocrine tumor disorders (e.g., medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81439	Hereditary cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, (e.g. DSG2, MYBPC3, MYH7, PKP2 and TTN	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	<a href="#">AVALON</a>		1/1/2023	
81442	Noonan spectrum disorders (e.g., Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81448	Hereditary peripheral neuropathies panel (e.g., Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (e.g., BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, and SPTLC1)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	<a href="#">AVALON</a>		1/1/2024	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	<a href="#">AVALON</a>		1/1/2024	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	<a href="#">AVALON</a>		1/1/2024	
81460	Whole mitochondrial genome (e.g., 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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	<a href="#">AVALON</a>		1/1/2024	

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81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	<a href="#">AVALON</a>		1/1/2024	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	<a href="#">AVALON</a>		1/1/2024	
81465	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81479	Unlisted molecular pathology procedure	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
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	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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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	<a href="#">AVALON</a>		1/1/2020	
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	<a href="#">AVALON</a>		1/1/2022	
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	<a href="#">AVALON</a>	10/1/2020	1/1/2021	3/1/2022
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	<a href="#">AVALON</a>	1/1/2023	4/1/2023	
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	<a href="#">AVALON</a>	4/1/2024	7/1/2024	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	<a href="#">AVALON</a>		1/1/2020	
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)	<a href="#">AVALON</a>		1/1/2021	
81552	Oncology (uveal), 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	<a href="#">AVALON</a>		1/2/2020	

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81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	<a href="#">AVALON</a>	10/1/2019	1/1/2020	
81599	Unlisted multianalyte assay with algorithmic analysis	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
84999	Unlisted chemistry panel	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
86849	Unlisted immunology procedure	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
87999	unlisted microbiology procedure	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88240	Cryopreservation, freezing and storage of cells, each cell line	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88241	Thawing and expansion of frozen cells, each aliquot	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88245	Chromosome analysis for breakage syndrome; baseline Sister Chromatid Exchange (SCE), 20-25 cells	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (e.g., for ataxia telangiectasia, Fanconi anemia, Fragile X )	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation )	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88263	Chromosome analysis; count 45 cells, 2 karyotypes, with banding	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88264	Chromosome analysis; analyze 20-25 cells	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karotype with banding	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88280	Chromosome analysis; additional karyotypes, each study	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88283	Chromosome analysis; additional specialized banding technique (e.g., NOR, C-banding )	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88285	Chromosome analysis; additional cell counted, each study	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88289	Chromosome analysis; additional high resolution study	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88291	Cytogenetics and molecular cytogenetics, interpretation and report	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
88363	Examination and selection of retrieval archival (i.e.: previously diagnosed) tissue(s) for molecular analysis (e.g.: KRAS mutational analysis)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	1/1/2023
89240	Unlisted miscellaneous pathology test	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
90283	immune globulin(igiv), human, for intravenous use	<a href="#">MHK</a>		1/1/2010	
90284	immune globulin (scig), human, for use in subcutaneous infusions	<a href="#">MHK</a>		1/1/2010	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	<a href="#">MHK</a>		7/1/2010	
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	<a href="#">Blue Cross NC</a>		1/1/2023	5/23/2023
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	<a href="#">Blue Cross NC</a>	10/1/2019	1/1/2020	

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90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	<a href="#">Blue Cross NC</a>	10/1/2019	1/1/2020	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	<a href="#">Blue Cross NC</a>	10/1/2019	1/1/2020	
90870	Electroconvulsive therapy (includes necessary monitoring)	<a href="#">Blue Cross NC</a>	10/1/2019	1/1/2020	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	<a href="#">Blue Cross NC</a>	7/1/2022	10/1/2022	
91111(i)	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH INTERPRETATION AND REPORT	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	<a href="#">Blue Cross NC</a>		1/1/2022	
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	<a href="#">Blue Cross NC</a>		1/1/2021	
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	<a href="#">Blue Cross NC</a>		1/2/2021	
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	<a href="#">Blue Cross NC</a>		1/3/2021	
92145(i)	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	9/30/2022
92548 [i]	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	<a href="#">Blue Cross NC</a>		7/1/2005	5/15/2022

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92971	Cardioassist-method of circulatory assist; external	<a href="#">Blue Cross NC</a>	10/1/2017	1/1/2018	
92972(i)	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
93025(i)	Microvolt T-wave alternans for assessment of ventricular arrhythmias	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
93150(i)	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	<a href="#">Blue Cross NC</a>		1/1/2024	
93151(i)	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	<a href="#">Blue Cross NC</a>		1/1/2024	
93152(i)	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	<a href="#">Blue Cross NC</a>		1/1/2024	
93153(i)	Interrogation without programming of implanted phrenic nerve stimulator system	<a href="#">Blue Cross NC</a>		1/1/2024	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	<a href="#">Blue Cross NC</a>		1/1/2009	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	<a href="#">Blue Cross NC</a>		1/1/2009	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	<a href="#">Blue Cross NC</a>		1/1/2015	
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	<a href="#">Blue Cross NC</a>		1/1/2015	
93264(i)	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DAYS, INCLUDING AT LEAST WEEKLY DOWNLOADS OF PULMONARY ARTERY PRESSURE RECORDINGS, INTERPRETATION(S), TREND ANALYSIS, AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	<a href="#">Blue Cross NC</a>	10/1/2013	1/1/2014	
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	<a href="#">Blue Cross NC</a>		1/1/2015	
93702 [i]	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	<a href="#">Blue Cross NC</a>		10/1/2007	
95919(i)	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	<a href="#">Blue Cross NC</a>		1/1/2023	
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	<a href="#">Blue Cross NC</a>		1/1/2008	
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	<a href="#">Blue Cross NC</a>		1/1/2008	
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	<a href="#">Blue Cross NC</a>		1/1/2008	
96000(i)	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
96001(i)	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	

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96002(i)	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
96003(i)	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
96004(i)	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
97037(i)	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	<a href="#">Blue Cross NC</a>		1/1/2024	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes <b>(All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes <b>(All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes <b>( All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes <b>( All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes <b>(All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes <b>(All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
97533 [i]	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	11/30/2024 Auth though Carelon as of 12/1/24 for fully insured groups
97533 [i]	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes <b>(ASO Members Only)</b>	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
97605	drainage collection), utilizing durable medical	<a href="#">Blue Cross NC</a>		7/1/2005	
97606	drainage collection), utilizing durable medical	<a href="#">Blue Cross NC</a>		7/1/2005	
97607	assisted drainage collection), utilizing disposable, non-	<a href="#">Blue Cross NC</a>		1/1/2015	
97608	assisted drainage collection), utilizing disposable, non-	<a href="#">Blue Cross NC</a>		1/1/2015	
97610(i)	including topical application(s), when performed,	<a href="#">Blue Cross NC</a>	7/1/2023	10/1/2023	
99501	Home visit for postnatal assessment and follow-up care	<a href="#">Blue Cross NC</a>		1/1/2006	
99502	Home visit for newborn care and assessment	<a href="#">Blue Cross NC</a>		1/1/2006	
99503	bronchodilator, oxygen therapy, respiratory	<a href="#">Blue Cross NC</a>		1/1/2006	
99504	Home visit for mechanical ventilation care	<a href="#">Blue Cross NC</a>		1/1/2006	
99505	colostomy and cystostomy	<a href="#">Blue Cross NC</a>		1/1/2006	
99506	Home visit for intramuscular injections	<a href="#">Blue Cross NC</a>		1/1/2006	
99509	and personal care	<a href="#">Blue Cross NC</a>		1/1/2006	
99511	administration	<a href="#">Blue Cross NC</a>		1/1/2006	
99512	Home visit for hemodialysis	<a href="#">Blue Cross NC</a>		1/1/2006	
99600	Unlisted home visit service or procedure	<a href="#">Blue Cross NC</a>		1/1/2006	
0001U	antigen gene analysis of 35 antigens from 11 blood	<a href="#">AVALON</a>	7/1/2020	10/1/2020	

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0008M	hybrid capture, on formalin-fixed paraffin-embedded	<a href="#">Blue Cross NC</a>	4/1/2017	7/1/2017	
0016U	major and minor breakpoint fusion transcripts,	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
0017U	DNA, PCR amplification of exons 12-14 and sequence	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
0018U	microRNA sequences, utilizing fine needle aspirate,	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
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	<a href="#">AVALON</a>	7/1/2019	10/1/2019	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
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	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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	<a href="#">AVALON</a>	1/1/2022	4/1/2022	

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0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	<a href="#">AVALON</a>	7/1/2019	10/1/2019	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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	<a href="#">AVALON</a>		1/1/2022	
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)	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements Proprietary test: MyAML NGS Panel Lab/Manufacturer: LabPMM LLC, an Invivoscribe Technologies, Inc Company	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	<a href="#">Blue Cross NC</a>		7/1/2008	

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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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	<a href="#">Blue Cross NC</a>		7/1/2008	
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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0075T(i)	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	<a href="#">Blue Cross NC</a>		10/1/2007	6/30/2024
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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0076T(i)	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		10/1/2007	6/30/2024

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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)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	<a href="#">AVALON</a>	1/1/2023	4/1/2023	
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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.	<a href="#">AVALON</a>	10/1/2019	1/1/2020	
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	<a href="#">AVALON</a>	1/1/2024	4/1/2024	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2005	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	

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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)	<a href="#">Blue Cross NC</a>		7/1/2005	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
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) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
0101T(i)	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	<a href="#">Blue Cross NC</a>		7/1/2005	
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])	<a href="#">AVALON</a>		7/1/2019	
0102T(i)	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	<a href="#">Blue Cross NC</a>		7/1/2005	
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])	<a href="#">AVALON</a>		7/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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])	<a href="#">AVALON</a>		7/1/2019	
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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.	<a href="#">AVALON</a>	10/1/2019	1/1/2020	
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)	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) (Use 0137U in conjunction with 81406)	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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)	<a href="#">AVALON</a>		1/1/2022	

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0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
0163T(i)	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR, EACH ADDITIONAL INTERSPACE	<a href="#">Blue Cross NC</a>		1/1/2007	12/31/2022
0164T(i)	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2007	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0164T(i)	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
0165T(i)	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2007	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0165T(i)	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	<a href="#">AVALON</a>	4/1/2020	7/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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	<a href="#">AVALON</a>	10/1/2020	1/1/2021	
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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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)	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	<a href="#">AVALON</a>	7/1/2020	10/1/2020	

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0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
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	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	<a href="#">AVALON</a>	7/1/2020	10/1/2020	

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0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0198T(i)	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	9/30/2022
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	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0200T(i)	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	<a href="#">Blue Cross NC</a>		7/1/2009	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0200T(i)	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	<a href="#">AVALON</a>	7/1/2020	10/1/2020	

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0201T(i)	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	<a href="#">Blue Cross NC</a>		7/1/2009	<b>9/30/2023</b> <b>Auth though</b> <b>Carelon as of 10/1</b> <b>for fully insured</b> <b>groups</b>
0201T(i)	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	<a href="#">AVALON</a>	7/1/2020	10/1/2020	
0202T(i)	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	<a href="#">Blue Cross NC</a>		7/1/2009	
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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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.	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
0219T(i)	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	<a href="#">Blue Cross NC</a>		1/1/2010	
0220T(i)	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	<a href="#">Blue Cross NC</a>		1/1/2010	

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0221T(i)	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	<a href="#">Blue Cross NC</a>		1/1/2010	
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene Proprietary test: Navigator ABO Blood Group NGS Lab/Manufacturer: Grifols Immunohematology Center	<a href="#">AVALON</a>	7/1/2021	10/1/2021	
0222T(i)	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2010	
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	<a href="#">AVALON</a>	7/1/2021	10/1/2021	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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	<a href="#">AVALON</a>	10/1/2021	1/1/2022	

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0232T [i]	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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	<a href="#">AVALON</a>	10/1/2021	1/1/2022	
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	<a href="#">AVALON</a>	1/1/2021	4/1/2021	
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 Proprietary test: Genomic Unity® PTEN Analysis Lab/Manufacturer: Variantyx Inc	<a href="#">AVALON</a>	7/1/2021	10/1/2021	
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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	

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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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
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	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	<a href="#">AVALON</a>	1/1/2022	4/1/2022	

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0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	<a href="#">AVALON</a>	4/1/2021	7/1/2021	
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	<a href="#">AVALON</a>	7/1/2021	10/1/2021	
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	<a href="#">AVALON</a>	10/1/2024	1/1/2025	
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	<a href="#">AVALON</a>	7/1/2021	10/1/2021	
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	<a href="#">AVALON</a>		1/1/2022	
0263T(i)	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	<a href="#">Blue Cross NC</a>		1/1/2011	
0264T(i)	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	<a href="#">Blue Cross NC</a>		7/1/2011	

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0265T(i)	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	<a href="#">Blue Cross NC</a>		7/1/2011	
0266T(i)	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0267T(i)	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0268T(i)	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intraoperative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	1/1/2022	4/1/2022	
0269T(i)	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0270T(i)	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	

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0271T(i)	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	<a href="#">Blue Cross NC</a>		7/1/2011	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0272T(i)	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	<a href="#">Blue Cross NC</a>		7/1/2011	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0273T(i)	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	<a href="#">Blue Cross NC</a>		7/1/2011	
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	<a href="#">AVALON</a>	4/1/2022	7/1/2022	

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0274T(i)	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) and method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	<a href="#">Blue Cross NC</a>		7/1/2011	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0275T(i)	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) and method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	<a href="#">Blue Cross NC</a>		7/1/2011	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0278T [i]	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0278U	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)	<a href="#">AVALON</a>	4/1/2022	7/1/2022	
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	<a href="#">AVALON</a>	7/1/2022	10/1/2022	

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0308T(i)	Insertion of ocular telescope prosthesis including removal of crystalline lens OR INTRAOCULAR LENS PROSTHESIS	<a href="#">Blue Cross NC</a>		7/1/2012	
0312T(i)	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	<a href="#">Blue Cross NC</a>		1/1/2013	
0313T(i)	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	<a href="#">Blue Cross NC</a>		1/1/2013	
0314T(i)	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	<a href="#">Blue Cross NC</a>		1/1/2013	
0315T(i)	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	<a href="#">Blue Cross NC</a>		1/1/2013	
0316T(i)	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	<a href="#">Blue Cross NC</a>		1/1/2013	
0317T(i)	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	<a href="#">Blue Cross NC</a>		1/1/2013	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	<a href="#">AVALON</a>		7/1/2022	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	<a href="#">AVALON</a>		10/1/2022	
0335T [i]	Insertion of sinus tarsi implant	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0338T(i)	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s), renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	<a href="#">Blue Cross NC</a>		1/1/2014	9/30/2023
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	<a href="#">AVALON</a>	1/1/2024	4/1/2024	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	<a href="#">AVALON</a>	4/1/2024	7/1/2024	
0358T(i)	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
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	<a href="#">AVALON</a>		4/1/2023	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132, and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	<a href="#">AVALON</a>	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior <b>(All commercial LOB including SHP)</b>	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
0379T [i]	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
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 of alterations detected	<a href="#">AVALON</a>		7/1/2023	
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	<a href="#">AVALON</a>		7/1/2023	
0394T(i)	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	<a href="#">Blue Cross NC</a>		1/1/2016	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	<a href="#">AVALON</a>	4/1/2024	7/1/2024	
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	<a href="#">AVALON</a>		7/1/2023	
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	<a href="#">AVALON</a>		7/1/2023	9/30/2023
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	<a href="#">Blue Cross NC</a>		1/1/2016	
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	<a href="#">AVALON</a>		7/1/2023	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	<a href="#">AVALON</a>	10/1/2024	1/1/2025	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	Effective 1/1/2024 Use 58580
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	<a href="#">AVALON</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0408T(i)	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0409T(i)	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	<a href="#">AVALON</a>		10/1/2023	
0410T(i)	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0411T(i)	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0412T(i)	Removal of permanent cardiac contractility modulation system; pulse generator only	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0413T(i)	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	<a href="#">AVALON</a>	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0414T(i)	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	<a href="#">AVALON</a>		10/1/2023	
0415T(i)	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0416T(i)	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0417T(i)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0418T(i)	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	<a href="#">AVALON</a>	4/1/2024	7/1/2024	
0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, INCLUDING ULTRASOUND GUIDANCE, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED WHEN PERFORMED)	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	

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0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate.	<a href="#">AVALON</a>		1/1/2024	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition.	<a href="#">AVALON</a>		1/1/2024	
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 Use 33276, 33287-33288
0424U	Oncology (prostate), exosome- based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer.	<a href="#">AVALON</a>		1/1/2024	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33276 or 33288
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33276 or 33288
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33276 or 33287
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33280

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden.	<a href="#">AVALON</a>		1/1/2024	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33279
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33288
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33287
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative.	<a href="#">AVALON</a>		1/1/2024	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33281
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 33281
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer.	<a href="#">AVALON</a>		1/1/2024	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 93150-93153
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes.	<a href="#">AVALON</a>		1/1/2024	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 93150-93153
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	<a href="#">Blue Cross NC</a>	7/1/2019	10/1/2019	Effective 1/1/2024 use 93152

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy.	<a href="#">AVALON</a>		1/1/2024	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score.	<a href="#">AVALON</a>		1/1/2024	
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene- drug interactions.	<a href="#">AVALON</a>		1/1/2024	
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using dna from formalin-fixed paraffin-embedded (ffpe) tumor tissue, report of clinically significant variant(s)	<a href="#">AVALON</a>	4/1/2024	7/1/2024	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0448U	Oncology (lung and colon cancer), dna, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in egfr and kras genes, formalin-fixed paraffinembedded (ffpe) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	<a href="#">AVALON</a>	4/1/2024	7/1/2024	

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0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	<a href="#">AVALON</a>	7/1/2024	10/1/2024	
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	<a href="#">AVALON</a>	7/1/2024	10/1/2024	
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	<a href="#">AVALON</a>	7/1/2024	10/1/2024	
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	<a href="#">AVALON</a>	7/1/2024	10/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	<a href="#">AVALON</a>	7/1/2024	10/1/2024	
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	<a href="#">AVALON</a>		10/1/2024	
0481T [i]	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	<a href="#">AVALON</a>		10/1/2024	
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	<a href="#">AVALON</a>		10/1/2024	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using nextgeneration sequencing, plasma, reported as percentage of donorderived cell-free DNA	<a href="#">AVALON</a>		10/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	<a href="#">AVALON</a>		10/1/2024	
0497T [i]	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24-HOUR ATTENDED MONITORING; IN-OFFICE CONNECTION	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	12/31/2022
0498T [i]	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24-HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER 30 DAYS WITH AT LEAST ONE PATIENT-GENERATED TRIGGERED EVENT	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	12/31/2022
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	<a href="#">AVALON</a>		10/1/2024	
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	<a href="#">AVALON</a>		10/1/2024	
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	<a href="#">AVALON</a>		10/1/2024	
0510T[i]	Removal of sinus tarsi implant	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0511T [i]	Removal and reinsertion of sinus tarsi implant	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0512T(i)	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	<a href="#">Blue Cross NC</a>		1/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffinembedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	<a href="#">AVALON</a>		10/1/2024	
0513T(i)	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2019	
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	<a href="#">AVALON</a>		10/1/2024	
0515T [i]	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0516T [i]	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0517T [i]	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0518T [i]	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0519T [i]	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0520T [i]	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0522T [i]	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0523T [i]	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0525T(i)	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	<a href="#">Blue Cross NC</a>		1/1/2019	
0526T(i)	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	<a href="#">Blue Cross NC</a>		1/1/2019	
0527T(i)	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	<a href="#">Blue Cross NC</a>		1/1/2019	
0528T(i)	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	<a href="#">Blue Cross NC</a>		1/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0529T(i)	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	<a href="#">Blue Cross NC</a>		1/1/2019	
0530T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	<a href="#">Blue Cross NC</a>		1/1/2019	
0531T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	<a href="#">Blue Cross NC</a>		1/1/2019	
0532T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	<a href="#">Blue Cross NC</a>		1/1/2019	
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	<a href="#">MHK</a>		1/1/2019	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	<a href="#">MHK</a>		1/1/2019	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	<a href="#">MHK</a>		1/1/2019	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	<a href="#">MHK</a>		1/1/2019	
0546T [i]	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0547T [i]	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0552T [i]	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	11/30/2024 Auth though Carelon as of 12/1/24 for fully insured groups

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0552T [i]	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional <b>(ASO Members Only)</b>	<a href="#">Blue Cross NC</a>		12/1/2024	
0553T [i]	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0554T[i]	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0555T [i]	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0556T [i]	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0557T [i]	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0558T [i]	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0561T [i]	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0562T [i]	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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0563T [i]	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0565T [i]	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0566T [i]	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0567T [i]	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0568T [i]	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0569T(i)	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	<a href="#">Blue Cross NC</a>		1/1/2020	
0570T(i)	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2020	
0571T(i)	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	<a href="#">Blue Cross NC</a>		1/1/2020	
0572T(i)	Insertion of substernal implantable defibrillator electrode	<a href="#">Blue Cross NC</a>		1/1/2020	
0573T(i)	Removal of substernal implantable defibrillator electrode	<a href="#">Blue Cross NC</a>		1/1/2020	

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0574T(i)	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	<a href="#">Blue Cross NC</a>		1/1/2020	
0575T(i)	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	<a href="#">Blue Cross NC</a>		1/1/2020	
0576T(i)	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	<a href="#">Blue Cross NC</a>		1/1/2020	
0577T(i)	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	<a href="#">Blue Cross NC</a>		1/1/2020	
0578T(i)	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	<a href="#">Blue Cross NC</a>		1/1/2020	
0579T(i)	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	<a href="#">Blue Cross NC</a>		1/1/2020	
0580T(i)	Removal of substernal implantable defibrillator pulse generator only	<a href="#">Blue Cross NC</a>		1/2/2020	
0581T [i]	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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0582T [i]	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0583T [i]	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	<a href="#">Blue Cross NC</a>		1/1/2020	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	<a href="#">Blue Cross NC</a>		1/1/2020	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	<a href="#">Blue Cross NC</a>		1/1/2020	
0587T(i)	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	<a href="#">Blue Cross NC</a>		1/1/2020	
0588T(i)	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	<a href="#">Blue Cross NC</a>		1/1/2020	

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0589T(i)	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	<a href="#">Blue Cross NC</a>		1/1/2020	
0590T(i)	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	<a href="#">Blue Cross NC</a>		1/1/2020	
0594T [i]	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0596T [i]	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0597T [i]	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0598T [i]	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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0599T [i]	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session;each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0600T [i]	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0601T [i]	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0602T [i]	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0603T [i]	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0604T [i]	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0605T [i]	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0606T [i]	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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0607T [i]	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0608T [i]	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0609T [i]	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	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0610T [i]	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0611T [i]	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	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0612T [i]	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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0613T [i]	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0614T(i)	Removal and replacement of substernal implantable defibrillator pulse generator	<a href="#">Blue Cross NC</a>		7/1/2020	
0615T [i]	Eye-movement analysis without spatial calibration, with interpretation and report	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
0621T(i)	Trabeculostomy ab interno by laser;	<a href="#">Blue Cross NC</a>		1/1/2021	
0622T(i)	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	<a href="#">Blue Cross NC</a>		1/1/2021	
0627T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	<a href="#">Blue Cross NC</a>		1/1/2021	
0628T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2021	
0629T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	<a href="#">Blue Cross NC</a>		1/1/2021	
0630T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2021	
0632T(i)	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	<a href="#">Blue Cross NC</a>		1/1/2021	

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0643T(i)	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	<a href="#">Blue Cross NC</a>		7/1/2021	
0645T(i)	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	<a href="#">Blue Cross NC</a>		7/1/2021	
0646T(i)	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed.	<a href="#">Blue Cross NC</a>		7/1/2021	
0647T(i)	Insertion of gastrostomy tube, percutaneous, with magnetic gastropepy, under ultrasound guidance, image documentation and report	<a href="#">Blue Cross NC</a>		7/1/2021	
0651T(i)	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	<a href="#">Blue Cross NC</a>		7/1/2021	
0652T(i)	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<a href="#">Blue Cross NC</a>		7/1/2021	
0653T(i)	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	<a href="#">Blue Cross NC</a>		7/1/2021	
0654T(i)	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	<a href="#">Blue Cross NC</a>		7/1/2021	
0655T(i)	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	<a href="#">Blue Cross NC</a>		7/1/2021	
0656T(i)	Vertebral body tethering, anterior; up to 7 vertebral segments	<a href="#">Blue Cross NC</a>		7/1/2021	
0657T(i)	Vertebral body tethering, anterior; 8 or more vertebral segments	<a href="#">Blue Cross NC</a>		7/1/2021	
0658T(i)	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	<a href="#">Blue Cross NC</a>		7/1/2021	

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0659T(i)	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	<a href="#">Blue Cross NC</a>		7/1/2021	
0660T(i)	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	<a href="#">Blue Cross NC</a>		7/1/2021	
0661T(i)	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	<a href="#">Blue Cross NC</a>		7/1/2021	
0664T(i)	Donor hysterectomy (including cold preservation); open, from cadaver donor	<a href="#">Blue Cross NC</a>		7/1/2021	
0665T(i)	Donor hysterectomy (including cold preservation);open, from living donor	<a href="#">Blue Cross NC</a>		7/1/2021	
0666T(i)	Donor hysterectomy (including cold preservation);laparoscopic or robotic, from living donor	<a href="#">Blue Cross NC</a>		7/1/2021	
0667T(i)	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	<a href="#">Blue Cross NC</a>		7/1/2021	
0668T(i)	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	<a href="#">Blue Cross NC</a>		7/1/2021	
0669T(i)	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	<a href="#">Blue Cross NC</a>		7/1/2021	
0670T(i)	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	<a href="#">Blue Cross NC</a>		7/1/2021	
0672T(i)	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	<a href="#">Blue Cross NC</a>		1/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0674T(i)	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	<a href="#">Blue Cross NC</a>		1/1/2022	
0675T(i)	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	<a href="#">Blue Cross NC</a>		1/1/2022	
0676T(i)	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead	<a href="#">Blue Cross NC</a>		1/1/2022	
0677T(i)	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	<a href="#">Blue Cross NC</a>		1/1/2022	
0678T(i)	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead	<a href="#">Blue Cross NC</a>		1/1/2022	
0679T(i)	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	<a href="#">Blue Cross NC</a>		1/1/2022	
0680T(i)	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	<a href="#">Blue Cross NC</a>		1/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0681T(i)	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	<a href="#">Blue Cross NC</a>		1/1/2022	
0682T(i)	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	<a href="#">Blue Cross NC</a>		1/1/2022	
0683T(i)	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	<a href="#">Blue Cross NC</a>		1/1/2022	
0684T(i)	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	<a href="#">Blue Cross NC</a>		1/1/2022	
0685T(i)	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	<a href="#">Blue Cross NC</a>		1/1/2022	
0686T(i)	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	<a href="#">Blue Cross NC</a>		1/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0694T(i)	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	<a href="#">Blue Cross NC</a>		1/1/2022	
0695T(i)	Body surface–activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	<a href="#">Blue Cross NC</a>		1/1/2022	
0696T(i)	Body surface–activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	<a href="#">Blue Cross NC</a>		1/1/2022	
0697T(i)	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	<a href="#">Blue Cross NC</a>		1/1/2022	
0698T(i)	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	<a href="#">Blue Cross NC</a>		1/1/2022	
0700T(i)	Molecular fluorescent imaging of suspicious nevus; first lesion	<a href="#">Blue Cross NC</a>		1/1/2022	
0701T(i)	Molecular fluorescent imaging of suspicious nevus; each additional lesion	<a href="#">Blue Cross NC</a>		1/1/2022	

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0707T(i)	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	<a href="#">Blue Cross NC</a>		1/1/2022	
0708T(i)	Intradermal cancer immunotherapy; preparation and initial injection	<a href="#">Blue Cross NC</a>		1/1/2022	
0709T(i)	Intradermal cancer immunotherapy; each additional injection	<a href="#">Blue Cross NC</a>		1/1/2022	
0714T(i)	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	<a href="#">Blue Cross NC</a>		7/1/2022	
0715T(i)	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2022	Effective 1/1/2024 use 92972
0716T(i)	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	<a href="#">Blue Cross NC</a>		7/1/2022	
0717T(i)	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	<a href="#">Blue Cross NC</a>		7/1/2022	
0718T(i)	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	<a href="#">Blue Cross NC</a>		7/1/2022	
0719T(i)	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	<a href="#">Blue Cross NC</a>		7/1/2022	
0720T(i)	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	<a href="#">Blue Cross NC</a>		7/1/2022	
0725T(i)	Vestibular device implantation, unilateral	<a href="#">Blue Cross NC</a>		7/1/2022	
0726T(i)	Removal of implanted vestibular device, unilateral	<a href="#">Blue Cross NC</a>		7/1/2022	
0727T(i)	Removal and replacement of implanted vestibular device, unilateral	<a href="#">Blue Cross NC</a>		7/1/2022	

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0728T(i)	Diagnostic analysis of vestibular implant, unilateral; with initial programming	<a href="#">Blue Cross NC</a>		7/1/2022	
0729T(i)	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	<a href="#">Blue Cross NC</a>		7/1/2022	
0730T(i)	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	<a href="#">Blue Cross NC</a>		7/1/2022	
0732T(i)	Immunotherapy administration with electroporation, intramuscular	<a href="#">Blue Cross NC</a>		7/1/2022	
0737T(i)	Xenograft implantation into the articular surface	<a href="#">Blue Cross NC</a>		7/1/2022	
0738T(i)	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	<a href="#">Blue Cross NC</a>		1/1/2023	
0739T(i)	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	<a href="#">Blue Cross NC</a>		1/1/2023	
0740T(i)	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	<a href="#">Blue Cross NC</a>		1/1/2023	
0741T(i)	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education; provision of software, data collection, transmission, and storage, each 30 days	<a href="#">Blue Cross NC</a>		1/1/2023	
0743T(i)	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scandata, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report	<a href="#">Blue Cross NC</a>		1/1/2023	

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0744T(i)	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	<a href="#">Blue Cross NC</a>		1/1/2023	
0745T(i)	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	<a href="#">Blue Cross NC</a>		1/1/2023	
0746T(i)	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	<a href="#">Blue Cross NC</a>		1/1/2023	
0747T(i)	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	<a href="#">Blue Cross NC</a>		1/1/2023	
0748T(i)	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	<a href="#">Blue Cross NC</a>		1/1/2023	
0749T(i)	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry/bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report;	<a href="#">Blue Cross NC</a>		1/1/2023	
0750T(i)	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry/bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	<a href="#">Blue Cross NC</a>		1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0764T(i)	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2023	
0765T(i)	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	<a href="#">Blue Cross NC</a>		1/1/2023	
0766T(i)	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	<a href="#">Blue Cross NC</a>		1/1/2023	
0767T(i)	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2023	
0768T(i)	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	<a href="#">Blue Cross NC</a>		1/1/2023	12/31/2023

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0769T(i)	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2023	12/31/2023
0770T(i)	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2023	
0771T(i)	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	<a href="#">Blue Cross NC</a>		1/1/2023	
0772T(i)	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	<a href="#">Blue Cross NC</a>		1/1/2023	

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0773T(i)	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	<a href="#">Blue Cross NC</a>		1/1/2023	
0774T(i)	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	<a href="#">Blue Cross NC</a>		1/1/2023	
0775T(i)	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	<a href="#">Blue Cross NC</a>		1/1/2023	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0775T(i)	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	Effective 1/1/2024 use 27278
0776T(i)	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	<a href="#">Blue Cross NC</a>		1/1/2023	
0777T(i)	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2023	
0778T(i)	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	<a href="#">Blue Cross NC</a>		1/1/2023	

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0779T(i)	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	<a href="#">Blue Cross NC</a>		1/1/2023	
0781T(i)	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	<a href="#">Blue Cross NC</a>		1/1/2023	
0782T(i)	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	<a href="#">Blue Cross NC</a>		1/1/2023	
0783T(i)	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	<a href="#">Blue Cross NC</a>		1/1/2023	
0784T(i)	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
0785T(i)	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	<a href="#">Blue Cross NC</a>		1/1/2024	
0786T(i)	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
0787T(i)	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	<a href="#">Blue Cross NC</a>		1/1/2024	
0788T(i)	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	<a href="#">Blue Cross NC</a>		1/1/2024	

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0789T(i)	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	<a href="#">Blue Cross NC</a>		1/1/2024	
0790T(i)	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
0791T(i)	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2023	
0793T(i)	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	<a href="#">Blue Cross NC</a>		7/1/2023	
0794T(i)	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	<a href="#">Blue Cross NC</a>		7/1/2023	
0795T(i)	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)	<a href="#">Blue Cross NC</a>		7/1/2023	

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0796T(i)	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	<a href="#">Blue Cross NC</a>		7/1/2023	
0797T(i)	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	<a href="#">Blue Cross NC</a>		7/1/2023	
0798T(i)	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)	<a href="#">Blue Cross NC</a>		7/1/2023	
0799T(i)	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	<a href="#">Blue Cross NC</a>		7/1/2023	
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	<a href="#">Blue Cross NC</a>		7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0801T(i)	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)	<a href="#">Blue Cross NC</a>		7/1/2023	
0802T(i)	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component	<a href="#">Blue Cross NC</a>		7/1/2023	
0803T(i)	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	<a href="#">Blue Cross NC</a>		7/1/2023	
0804T(i)	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	<a href="#">Blue Cross NC</a>		7/1/2023	
0805T(i)	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach	<a href="#">Blue Cross NC</a>		7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0806T(i)	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach	<a href="#">Blue Cross NC</a>		7/1/2023	
0807T(i)	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	<a href="#">Blue Cross NC</a>		7/1/2023	
0808T(i)	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	<a href="#">Blue Cross NC</a>		7/1/2023	
0809T(i)	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	<a href="#">Blue Cross NC</a>		7/1/2023	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
0809T(i)	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	Effective 1/1/2024 use 27278
0810T(i)	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	<a href="#">Blue Cross NC</a>		7/1/2023	
0811T(i)	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set <sup>u</sup> p and patient education on use of equipment	<a href="#">Blue Cross NC</a>		1/1/2024	
0812T(i)	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	<a href="#">Blue Cross NC</a>		1/1/2024	

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0813T(i)	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	<a href="#">Blue Cross NC</a>		1/1/2024	
0814T(i)	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	<a href="#">Blue Cross NC</a>		1/1/2024	
0815T(i)	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone density study and fracture-risk assessment, 1 or more sites, hips, pelvis or spine	<a href="#">Blue Cross NC</a>		1/1/2024	
0816T(i)	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	<a href="#">Blue Cross NC</a>		1/1/2024	
0817T(i)	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	<a href="#">Blue Cross NC</a>		1/1/2024	
0818T(i)	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	<a href="#">Blue Cross NC</a>		1/1/2024	
0819T(i)	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	<a href="#">Blue Cross NC</a>		1/1/2024	
0820T(i)	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	<a href="#">Blue Cross NC</a>		1/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0821T(i)	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
0822T(i)	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
0823T(i)	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
0824T(i)	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	<a href="#">Blue Cross NC</a>		1/1/2024	
0825T(i)	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	<a href="#">Blue Cross NC</a>		1/1/2024	

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0826T(i)	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	<a href="#">Blue Cross NC</a>		1/1/2024	
0857T(i)	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
0858T(i)	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	<a href="#">Blue Cross NC</a>		1/1/2024	
0861T(i)	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	<a href="#">Blue Cross NC</a>		1/1/2024	
0862T(i)	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	<a href="#">Blue Cross NC</a>		1/1/2024	
0863T(i)	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	<a href="#">Blue Cross NC</a>		1/1/2024	
0864T(i)	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	<a href="#">Blue Cross NC</a>		1/1/2024	
0865T(i)	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	<a href="#">Blue Cross NC</a>		1/1/2024	

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0866T(i)	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		1/1/2024	
0867T(i)	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	<a href="#">Blue Cross NC</a>		7/1/2024	
0868T(i)	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	<a href="#">Blue Cross NC</a>		7/1/2024	
0870T(i)	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	
0871T(i)	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	
0872T(i)	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	
0873T(i)	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	

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0874T(i)	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	<a href="#">Blue Cross NC</a>		7/1/2024	
0875T(i)	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	<a href="#">Blue Cross NC</a>		7/1/2024	
0876T(i)	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	<a href="#">Blue Cross NC</a>		7/1/2024	
0882T(i)	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2024	
0883T(i)	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	<a href="#">Blue Cross NC</a>		7/1/2024	
0884T(i)	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	
0885T(i)	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	
0886T(i)	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	<a href="#">Blue Cross NC</a>		7/1/2024	

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0888T(i)	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	<a href="#">Blue Cross NC</a>		7/1/2024	
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	<a href="#">Blue Cross NC</a>		7/1/2024	
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	<a href="#">Blue Cross NC</a>		7/1/2024	
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	<a href="#">Blue Cross NC</a>		7/1/2024	
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	<a href="#">Blue Cross NC</a>		7/1/2024	
A0140	<b>Non-emergency</b> transportation and air travel (private or commercial) intra or inter state	<a href="#">Blue Cross NC</a>		1/1/2006	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) <b>NON-EMERGENT TRANSPORT ONLY</b>	<a href="#">Blue Cross NC</a>		1/1/2006	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing) <b>NON-EMERGENT TRANSPORT ONLY</b>	<a href="#">Blue Cross NC</a>		1/1/2006	
A0435	Fixed wing air mileage, per statute mile <b>NON-EMERGENT TRANSPORT ONLY</b>	<a href="#">Blue Cross NC</a>		1/1/2006	

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A0436	Rotary wing air mileage, per statute mile <b>NON-EMERGENCY TRANSPORT ONLY</b>	<a href="#">Blue Cross NC</a>		1/1/2006	
A4438(i)	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	<a href="#">Blue Cross NC</a>		4/1/2024	
A4468(i)	Exsufflation belt, includes all supplies and accessories	<a href="#">Blue Cross NC</a>		1/1/2024	
A4540(i)	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	<a href="#">Blue Cross NC</a>		1/1/2024	
A4541(i)	Monthly supplies for use of device coded at E0733	<a href="#">Blue Cross NC</a>		1/1/2024	
A4542(i)	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	<a href="#">Blue Cross NC</a>		1/1/2024	
A4543 (i)	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	<a href="#">Blue Cross NC</a>		10/1/2024	
A4544(i)	Electrode for external lower extremity nerve stimulator for restless legs syndrome	<a href="#">Blue Cross NC</a>		10/1/2024	
A4545(i)	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	<a href="#">Blue Cross NC</a>		10/1/2024	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	<a href="#">Blue Cross NC</a>		1/1/2014	
A4560(i)	Neuromuscular electrical stimulator (nmes), disposable, replacement only	<a href="#">Blue Cross NC</a>		4/1/2023	
A4593(i)	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime	<a href="#">Blue Cross NC</a>		4/1/2024	
A4594(i)	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	<a href="#">Blue Cross NC</a>		4/1/2024	
A6000(i)	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
A7021(i)	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	<a href="#">Blue Cross NC</a>		10/1/2024	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	<a href="#">Blue Cross NC</a>		7/1/2005	

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A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	<a href="#">Blue Cross NC</a>		7/1/2005	
A7049(i)	Expiratory positive airway pressure intranasal resistance valve	<a href="#">Blue Cross NC</a>		4/1/2023	
A9268(l)	Programmer for transient, orally ingested capsule	<a href="#">Blue Cross NC</a>		10/1/2023	
A9269(l)	Programable, transient, orally ingested capsule, for use with external programmer, per month	<a href="#">Blue Cross NC</a>		10/1/2023	
A9272	mechanical wound suction, disposable, includes dressing, all accessories and components, Any Type each	<a href="#">Blue Cross NC</a>		1/1/2012	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie ( <b>Lutathera</b> )	<a href="#">Blue Cross NC</a>		1/1/2019	
A9590	Iodine i-131, iobenguane, 1 millicurie ( <b>Azedra</b> )	<a href="#">Blue Cross NC</a>		1/1/2020	11/13/2024
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	<a href="#">Blue Cross NC</a>		10/1/2022	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code ( <b>PPA required only when associated with Tumor-Treating Fields Therapy for Glioblastoma</b> )	<a href="#">Blue Cross NC</a>	10/1/2013	1/1/2014	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	<a href="#">Blue Cross NC</a>	7/1/2021	10/1/2021	
C1062(i)	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	<a href="#">Blue Cross NC</a>		1/1/2021	
C1605(i)	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	<a href="#">Blue Cross NC</a>		7/1/2024	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
C1761(i)	Catheter, transluminal intravascular lithotripsy, coronary	<a href="#">Blue Cross NC</a>		7/1/2021	
C1767	Generator, neurostimulator (implantable), non-rechargeable ( <b>All diagnosis other than Sleep Apnea</b> )	<a href="#">Blue Cross NC</a>	10/1/2022	4/1/2023	
C1767	Generator, neurostimulator (implantable), non-rechargeable ( <b>For diagnosis of sleep apnea SHP members only</b> )	<a href="#">Blue Cross NC</a>	10/1/2022	1/1/2023	
C1789	Prosthesis, breast (implantable)	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	

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C1813	Prosthesis, penile, inflatable		10/1/2024	1/1/2025	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
C1823(i)	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	<a href="#">Blue Cross NC</a>		1/1/2019	
C1824(i)	Generator, cardiac contractility modulation (implantable)	<a href="#">Blue Cross NC</a>	1/1/2020	4/1/2020	
C1825(i)	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	<a href="#">Blue Cross NC</a>		1/1/2021	
C1827(i)	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	<a href="#">Blue Cross NC</a>		1/1/2023	
C1833(i)	Monitor, cardiac, including intracardiac lead and all system components (implantable)	<a href="#">Blue Cross NC</a>		1/1/2022	
C1834(i)	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	<a href="#">Blue Cross NC</a>		10/1/2022	
C1897(i)	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE) <b>(when used for Occipital Nerve Stimulation)</b>	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
C2596	Probe, image-guided, robotic, waterjet ablation	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
C2622	Prosthesis, penile, non-inflatable	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
C2624 [i]	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components [for facility use only]	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C2644(i)	Brachytherapy source, cesium-131 chloride [C codes for facility use only]	<a href="#">Blue Cross NC</a>		7/1/2014	
C9090	Injection, plasminogen, human-tvmh, 1 mg	<a href="#">MHK</a>		4/1/2022	
C9142	Injection, bevacizumab-maly, biosimilar, <b>(alymsys)</b> , 10 mg	<a href="#">MHK</a>		10/1/2022	<b>Effective 1/1/2023 use Q5126</b>
C9151	Injection, pegcetacoplan, 1 mg <b>(Syfovre)</b>	<a href="#">MHK</a>		7/1/2023	<b>Effective 10/1/2023 use J2781</b>
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg	<a href="#">MHK</a>		10/1/2023	<b>Effective 1/1/2024 use J0756</b>

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C9157(i)	Injection, tofersen, 1 mg	<a href="#">MHK</a>		10/1/2023	Effective 1/1/2024 use J1304
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	<a href="#">MHK</a>		1/1/2024	Effective 4/1/24 use J0589
C9161	Injection, aflibercept hd, 1 mg	<a href="#">MHK</a>		1/1/2024	Effective 4/1/24 use J0177
C9162	Injection, avacincaptad pegol, 0.1 mg	<a href="#">MHK</a>		1/1/2024	Effective 4/1/24 use J2782
C9166	Injection, secukinumab, intravenous, 1 mg ( <b>Cosentyx</b> )	<a href="#">MHK</a>		4/1/2024	Effective 7/1/24 use J3247
C9167	Injection, apadamase alfa, 10 units ( <b>Adzynma</b> )	<a href="#">MHK</a>		4/1/2024	Effective 7/1/24 use J7171
C9168	Injection, mirikizumab-mrkz, 1 mg ( <b>OmvoH</b> )	<a href="#">MHK</a>		4/1/2024	Effective 7/1/24 use J2267
C9172	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	<a href="#">MHK</a>		10/1/024	
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc ( <b>ASO MEMBERS ONLY</b> )	<a href="#">Blue Cross NC</a>		10/1/2023	
C9359 [i]	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc ( <b>ASO MEMBERS ONLY</b> )	<a href="#">Blue Cross NC</a>		10/1/2023	
C9362 [i]	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
C9399(i)	Delandistrogene moxeparovec-rokl ( <b>Elevidys</b> )	<a href="#">MHK</a>		6/22/2023	Effective 1/1/2024 use J1413
C9399*	New to market speciality Drugs covered under medical benefits ** ( <b>regardless of the code used for Billing</b> )	<a href="#">MHK</a>	7/1/2017	10/1/2017	

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C9399*	Unclassified drugs or biologicals [C codes for facilities only]	<a href="#">MHK</a>			
C9399*	Zolbetuximab-clzb ( <b>Vyloy</b> )	<a href="#">MHK</a>		10/18/2024	
C9399*	Ustekinumab-srlf ( <b>Imuldosa</b> )	<a href="#">MHK</a>		10/10/2024	
C9399*	Ustekinumab-aauz ( <b>Otulf</b> )	<a href="#">MHK</a>		9/27/2024	
C9399*	Ocrelizumab and hyaluronidase-ocsq ( <b>Ocrevus Zunovo</b> )	<a href="#">MHK</a>		9/13/2024	
C9399*	Atezolizumab and hyaluronidase-tqjs (Tecentriq Hybreza)	<a href="#">MHK</a>		9/12/2024	Effective 11/1/2024 prior auth through Carelton
C9399*	Aflibercept-ayyh ( <b>Pavblu</b> )	<a href="#">MHK</a>		8/23/2024	
C9399*	Axatilimab-csfr ( <b>Niktimvo</b> )	<a href="#">MHK</a>		8/14/2024	
C9399*	Aflibercept-abzv ( <b>Enzeevu</b> )	<a href="#">MHK</a>		8/9/2024	
C9399*	Denileukin diftitox-cxdl ( <b>Lymphir</b> )	<a href="#">MHK</a>		8/7/2024	Effective 11/1/2024 prior auth through Carelton
C9399*	Eculizumab-aagh ( <b>Epysqli</b> )	<a href="#">MHK</a>		7/19/2024	
C9399*	Ustekinumab-ttwe ( <b>Pyzchiva</b> )	<a href="#">MHK</a>		7/1/2024	
C9399*	Filgrastim-txid ( <b>Nypozi</b> )	<a href="#">MHK</a>		6/28/2024	
C9399*	Aflibercept-mrbb ( <b>Ahzantive</b> )	<a href="#">MHK</a>		6/28/2024	
C9399*	Crovalimab-akkz ( <b>PiaSky</b> )	<a href="#">MHK</a>		6/20/2024	
C9399*	Immune globulin intravenous, human-dira ( <b>Yimmugo</b> )	<a href="#">MHK</a>		6/13/2024	
C9399*	Imetelstat ( <b>Rytelo</b> )	<a href="#">MHK</a>		6/6/2024	
C9399*	Eculizumab-aeeb ( <b>Bkemv</b> )	<a href="#">MHK</a>		5/28/2024	
C9399*	Aflibercept-jbv( <b>Yesafili</b> )	<a href="#">MHK</a>		5/20/2024	
C9399*	Aflibercept-yszy ( <b>Opuviz</b> )	<a href="#">MHK</a>		5/20/2024	
C9399*	Tarlatamab-dlle( <b>Imdeltra</b> )	<a href="#">MHK</a>		5/16/2024	Effective 8/9/2024 prior auth through Carelton
C9399*	Trastuzumab-strf ( <b>Hercessi</b> )	<a href="#">MHK</a>		4/25/2024	
C9399*	Nogapendekin alfa inbakcept-pmln ( <b>Anktiva</b> )	<a href="#">MHK</a>		4/22/2024	Effective 8/9/2024 prior auth through Carelton
C9399*	Ustekinumab-aekn ( <b>Selarsd</b> )	<a href="#">MHK</a>		4/16/2024	
C9399*	Sotatercept-csrk ( <b>Winrevair</b> )	<a href="#">MHK</a>		3/26/2024	
C9399*	Atidarsagene autotemcel ( <b>Lenmeldy</b> )	<a href="#">MHK</a>		3/18/2024	

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C9399*	Tislelizumab-jsgr ( <b>Tevimbra</b> )	<a href="#">MHK</a>		3/13/2024	Effective 7/1/24 prior auth thorough Carelon
C9399*	Tocilizumab ( <b>Tyenne</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5135
C9399*	Denosumab ( <b>Jubbonti</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
C9399*	Denosumab ( <b>Wyost</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
C9399*	LetibotulinumtoxinA-wlbg ( <b>Letybo</b> )	<a href="#">MHK</a>		2/29/2024	
C9399*	Lifileucef( <b>Amtagvi</b> )	<a href="#">MHK</a>		2/16/2024	
C9399*	Immune globulin intravenous, human-stwk ( <b>Alyglo</b> )	<a href="#">MHK</a>		12/15/2023	
C9399*	Bevacizumab-tnjn ( <b>Avzivi</b> )	<a href="#">MHK</a>		12/6/2023	
C9399*	Efbemalenograstim alfa-vuxw ( <b>Ryzneuta</b> )	<a href="#">MHK</a>		11/16/2023	Effective 7/1/24 use J9365
C9399*	ADAMTS13, recombinant-krhn ( <b>Adzynma</b> )	<a href="#">MHK</a>		11/9/2023	Effective 4/1/24 use C9157
C9399*	Ustekinumab-auub ( <b>Wezlana</b> )	<a href="#">MHK</a>		10/31/2023	Effective 7/1/24 use Q5137 or Q5138
C9399*	Toripalimab-tpzi ( <b>Loqtorzi</b> )	<a href="#">MHK</a>		10/27/2023	Effective 3/11/24 auth through Carelon
C9399*	Mirikizumab ( <b>OmvoH</b> )	<a href="#">MHK</a>		10/26/2023	Effective 4/1/24 use C9168
C9399*	Secukinumab ( <b>Cosentyx</b> )	<a href="#">MHK</a>		10/6/2023	Effective 4/1/24 Use C9166
C9399*	Nedosiran ( <b>Rivfloza</b> )	<a href="#">MHK</a>		9/29/2023	
C9399*	Tocilizumab-bavi ( <b>Tofidence</b> )	<a href="#">MHK</a>		9/29/2023	Effective 4/1/24 use Q5133
C9399*	CipaglucoSIdase alfa-atga ( <b>Pombiliti</b> )	<a href="#">MHK</a>		9/28/2023	Effective 4/1/24 use J1203
C9399*	Natalizumab-sztn ( <b>Tyruko</b> )	<a href="#">MHK</a>		8/25/2023	Effective 4/1/24 use Q5134
C9399*	Fosaprepitant ( <b>Focinvez</b> )	<a href="#">MHK</a>		8/22/2023	Effective 4/1/2024 auth through Carelon

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C9399*	Aflibercept ( <b>Eylea HD</b> )	<a href="#">MHK</a>		8/18/2023	Effective 1/1/2024 use C9161
C9399*	Pozelimab-bbfg ( <b>Veopoz</b> )	<a href="#">MHK</a>		8/18/2023	Effective 4/1/24 us J9376
C9399*	Melphalan hepatic delivery system ( <b>Hepzato Kit</b> )	<a href="#">MHK</a>		8/14/2023	Effective 4/1/24 use J9248
C9399*	Avacincaptad pegol ( <b>Izervay</b> )	<a href="#">MHK</a>		8/4/2023	Effective 1/1/2024 use C9162
C9399*	Valoctogene roxaparvovec-rvox ( <b>Roctavian</b> )	<a href="#">MHK</a>		6/29/2023	Effective 1/1/2024 use J1412
C9399*	Donislecel ( <b>Lantidra</b> )	<a href="#">MHK</a>		6/28/2023	
C9399*	Rozanolixizumab-noli ( <b>Rystiggo</b> )	<a href="#">MHK</a>		6/27/2023	
C9399*	Efgartigimod alfa and hyaluronidase-qvfc ( <b>Vyvgart Hytrulo</b> )	<a href="#">MHK</a>		6/20/2023	
C9399*	Glofitamab-gxbm ( <b>Columvi</b> )	<a href="#">MHK</a>		6/15/2023	Effective 9/13/2023 auth through Carelon
C9399*	Buprenorphine depot ( <b>Brixadi</b> )	<a href="#">MHK</a>		5/23/2023	Effective 10/1/23 use C9154
C9399*	Beremagene geperpavec-svdt ( <b>Vyjuvek</b> )	<a href="#">MHK</a>		5/19/2023	Effective 1/1/2024 use J3401
C9399*	Pegunigalsidase alfa-iwxj ( <b>Elfabrio</b> )	<a href="#">MHK</a>		5/9/2023	Effective 1/1/2024 use J2508
C9399*	Velmanase alfa-tycv ( <b>Lamzede</b> )	<a href="#">MHK</a>		2/16/2023	Effective 1/1/2024 use J0217
C9399*	Elivaldogene autotemcel ( <b>Skysona</b> )	<a href="#">MHK</a>		9/16/2022	
C9399*	Betibeglogene autotemcel ( <b>Zynteglo</b> )	<a href="#">MHK</a>		8/17/2022	Effective 7/1/24 use J3393
C9399*	Allogeneic processed thymus tissue-agdc ( <b>Rethymic</b> )	<a href="#">MHK</a>		10/8/2021	
C9399*	Fosdenopterin ( <b>Nulibry</b> )	<a href="#">MHK</a>		2/26/2021	
C9399*(i)	DaxibotulinumtoxinA-lanm ( <b>Daxxify</b> )	<a href="#">MHK</a>		9/8/2022	Effective 1/1/2024 use C9160
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance [for facility use only]	<a href="#">Blue Cross NC</a>		4/1/2013	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implant	<a href="#">Blue Cross NC</a>	4/1/2018	7/1/2018	

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C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	<a href="#">Blue Cross NC</a>	4/1/2018	7/1/2018	
C9752 [i]	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, F	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	Effective 1/1/2022 use 64628
C9753 [i]	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, E	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	Effective 1/1/2022 use 64629
C9759 [i]	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C9764 [i]	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C9765 [i]	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C9766 [i]	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C9767 [i]	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
C9771(i)	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	<a href="#">Blue Cross NC</a>		1/1/2021	
C9772(i)	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	<a href="#">Blue Cross NC</a>		1/1/2021	
C9773(i)	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	<a href="#">Blue Cross NC</a>		1/1/2021	

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C9774(i)	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	<a href="#">Blue Cross NC</a>		1/1/2021	
C9775(i)	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	<a href="#">Blue Cross NC</a>		1/1/2021	
C9781(i)	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	<a href="#">Blue Cross NC</a>		4/1/2022	
C9784(i)	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	<a href="#">Blue Cross NC</a>		7/1/2023	
C9785(i)	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	<a href="#">Blue Cross NC</a>		7/1/2023	
C9787(i)	Gastric electrophysiology mapping with simultaneous patient symptom profiling	<a href="#">Blue Cross NC</a>		7/1/2023	
C9788(i)	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	<a href="#">Blue Cross NC</a>		10/1/2023	
C9790(i)	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	<a href="#">Blue Cross NC</a>		10/1/2023	
C9791(i)	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	<a href="#">Blue Cross NC</a>		10/1/2023	
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	

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D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8070	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8210	REMOVABLE APPLIANCE THERAPY	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8220	FIXED APPLIANCE THERAPY	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8660	PRE-ORTHODONTIC VISIT	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	<a href="#">Blue Cross NC</a>	10/1/2014	1/1/2015	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	<a href="#">Blue Cross NC</a>		10/1/2022	
E0193	Powered air flotation bed (low air loss therapy)	<a href="#">Blue Cross NC</a>		7/1/2005	
E0231(i)	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
E0232(i)	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	<a href="#">Blue Cross NC</a>		4/1/2007	
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	<a href="#">Blue Cross NC</a>		7/1/2005	
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	<a href="#">Blue Cross NC</a>		7/1/2005	
E0277	Powered pressure-reducing air mattress	<a href="#">Blue Cross NC</a>		7/1/2005	
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	<a href="#">Blue Cross NC</a>		7/1/2005	

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E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	<a href="#">Blue Cross NC</a>		7/1/2005	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	<a href="#">Blue Cross NC</a>		1/1/2008	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	<a href="#">Blue Cross NC</a>		10/1/2006	
E0372	Powered air overlay for mattress, standard mattress length & width	<a href="#">Blue Cross NC</a>		10/1/2006	
E0373	Non powered advanced pressure reducing mattress	<a href="#">Blue Cross NC</a>		10/1/2006	
E0457	Chest shell (cuirass)	<a href="#">Blue Cross NC</a>		7/1/2005	
E0469(i)	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	<a href="#">Blue Cross NC</a>		10/1/2024	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) <b>Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.</b>	<a href="#">Blue Cross NC</a>		7/1/2005	
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) <b>Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.</b>	<a href="#">Blue Cross NC</a>		10/1/2006	
E0481	Intrapulmonary percussive ventilation system and related accessories	<a href="#">Blue Cross NC</a>		10/1/2006	
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	<a href="#">Blue Cross NC</a>		7/1/2005	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable, or nonadjustable, custom fabricated includes fitting and adjustment <b>Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.</b>	<a href="#">Blue Cross NC</a>	4/1/2013	7/1/2013	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
E0490(i)	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	<a href="#">Blue Cross NC</a>		10/1/2023	
E0491(i)	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	<a href="#">Blue Cross NC</a>		10/1/2023	
E0492(i)	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	<a href="#">Blue Cross NC</a>		1/1/2024	
E0493(i)	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	<a href="#">Blue Cross NC</a>		1/1/2024	
E0530(i)	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	<a href="#">Blue Cross NC</a>		1/1/2024	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E0656(i)	Segmental pneumatic appliance for use with pneumatic compressor, trunk	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E0657(i)	Segmental pneumatic appliance for use with pneumatic compressor, chest	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
E0670(i)	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	<a href="#">Blue Cross NC</a>	10/1/2021	1/1/2022	
E0677(i)	Non-pneumatic sequential compression garment, trunk	<a href="#">Blue Cross NC</a>		4/1/2023	
E0721(i)	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	<a href="#">Blue Cross NC</a>		10/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
E0733(i)	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	<a href="#">Blue Cross NC</a>		1/1/2024	
E0734(i)	External upper limb tremor stimulator of the peripheral nerves of the wrist	<a href="#">Blue Cross NC</a>		1/1/2024	
E0735(i)	Non-invasive vagus nerve stimulator	<a href="#">Blue Cross NC</a>		1/1/2024	
E0736(i)	Transcutaneous tibial nerve stimulator	<a href="#">Blue Cross NC</a>		4/1/2024	
E0737(i)	Transcutaneous tibial nerve stimulator, controlled by phone application	<a href="#">Blue Cross NC</a>		10/1/2024	
E0738(i)	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	<a href="#">Blue Cross NC</a>		4/1/2024	
E0739(i)	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	<a href="#">Blue Cross NC</a>		4/1/2024	
E0740(i)	Non-implanted pelvic floor electrical stimulator, complete system	<a href="#">Blue Cross NC</a>		10/1/2009	
E0743(i)	External lower extremity nerve stimulator for restless legs syndrome, each	<a href="#">Blue Cross NC</a>		10/1/2024	
E0745(i)	Neuromuscular stimulator, electronic shock unit ( PPA expanded to include all indications)	<a href="#">Blue Cross NC</a>	7/1/2021	10/1/2021	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	<a href="#">Blue Cross NC</a>		7/1/2005	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	<a href="#">Blue Cross NC</a>		7/1/2005	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
E0749	Osteogenesis stimulator, electrical, surgically implanted	<a href="#">Blue Cross NC</a>		7/1/2005	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	<a href="#">Blue Cross NC</a>		7/1/2005	
E0762(i)	Transcutaneous electrical joint stimulation device system, includes all accessories	<a href="#">Blue Cross NC</a>		1/1/2006	

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E0764 [i]	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	<a href="#">Blue Cross NC</a>		1/1/2014	
E0767(i)	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	<a href="#">Blue Cross NC</a>		10/1/2024	
E0770 [i]	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
E0935	Continuous passive motion exercise device for use on knee only	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E0936(l)	Continuous passive motion exercise device for use other than knee	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E0986	Manual wheelchair accessory, push-rim activated power assist system	<a href="#">Blue Cross NC</a>	1/1/2015	4/1/2015	
E1002	Wheelchair accessory, power seating system, tilt only	<a href="#">Blue Cross NC</a>		7/1/2005	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	<a href="#">Blue Cross NC</a>		7/1/2005	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E1399	Durable medical equipment, miscellaneous WITH PURCHASE PRICE OF \$1500.00 AND ABOVE	<a href="#">Blue Cross NC</a>		1/1/2005	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	<a href="#">Blue Cross NC</a>		4/1/2024	
E2300	Wheelchair accessory, power seat elevation system, any type	<a href="#">Blue Cross NC</a>		7/1/2005	3/31/2024
E2301	Wheelchair accessory, power standing system, any type	<a href="#">Blue Cross NC</a>		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	<a href="#">Blue Cross NC</a>		7/1/2005	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	<a href="#">Blue Cross NC</a>		10/1/2024	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	<a href="#">Blue Cross NC</a>		7/1/2005	
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2511	Speech generating software program, for personal computer or personal digital assistant	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2512	Accessory for speech generating device, mounting system	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E2513	Accessory for speech generating device, electromyographic sensor	<a href="#">Blue Cross NC</a>		10/1/2024	
E2599	Accessory for speech generating device, not otherwise classified	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
E3200(i)	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	<a href="#">Blue Cross NC</a>		10/1/2024	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	<a href="#">Blue Cross NC</a>		7/1/2005	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	<a href="#">Blue Cross NC</a>		7/1/2005	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	<a href="#">Blue Cross NC</a>		7/1/2005	
G0138	Intravenous infusion of ciproglucosidase alfaatga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of ciproglucosidase alfa-atga	<a href="#">MHK</a>		4/1/2024	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2009	
G0162	Skilled services by a registered nurse (rn) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	<a href="#">Blue Cross NC</a>		1/1/2011	
G0166	External counterpulsation, per treatment session	<a href="#">Blue Cross NC</a>	10/1/2017	1/1/2018	
G0259 [i]	Injection procedure for sacroiliac joint; arthrography	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	10/31/2023
G0260(i)	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>	10/1/2023	1/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2016	
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2016	
G0308(i)	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	<a href="#">Blue Cross NC</a>		7/1/2022	
G0309(i)	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	<a href="#">Blue Cross NC</a>		7/1/2022	
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	<a href="#">Blue Cross NC</a>		1/1/2023	
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	<a href="#">Blue Cross NC</a>		1/1/2023	
G0341	Pancreatic Islet cell transplantation, includes portal vein catheterization and infusion	<a href="#">Blue Cross NC</a>		4/1/2006	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS)	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
G0465(i)	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	<a href="#">Blue Cross NC</a>		1/1/2022	
G0490	Face-to-face home health nursing visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies. (Services limited to RN or LPN only).	<a href="#">Blue Cross NC</a>		10/1/2016	
G0493	Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	<a href="#">Blue Cross NC</a>		1/1/2017	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
G0494	Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	<a href="#">Blue Cross NC</a>		1/1/2017	
G0495	Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2017	
G0496	Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2017	
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	<a href="#">Blue Cross NC</a>		1/1/2018	
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	<a href="#">Blue Cross NC</a>		1/1/2018	
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	<a href="#">Blue Cross NC</a>		1/1/2018	
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	<a href="#">MHK</a>	7/1/2021	10/1/2021	
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	<a href="#">MHK</a>	7/1/2021	10/1/2021	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	<a href="#">AVALON</a>	4/1/2020	7/1/2020	

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G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (uun); and/or, arterial, venous or capillary glucose; and/or potassium concentration	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.	<a href="#">Blue Cross NC</a>	4/1/2024	8/1/2024	
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	<a href="#">Blue Cross NC</a>	4/1/2024	8/1/2024	
J0129	Injection, abatacept, 10 mg ( <b>ORENCIA</b> )	<a href="#">MHK</a>		7/1/2008	
J0172(i)	Injection, aducanumab-avwa, 2 mg ( <b>Aduhelm</b> )	<a href="#">MHK</a>		1/1/2022	
J0174(i)	Injection, lecanemab-irmb, 1 mg ( <b>Leqembi</b> )	<a href="#">MHK</a>		7/6/2023	
J0175(i)	Injection, donanemab-azbt, 2mg ( <b>Kisunla</b> )	<a href="#">MHK</a>		7/2/2024	
J0177	Injection, aflibercept hd, 1 mg	<a href="#">MHK</a>		4/1/2024	
J0178	Injection, aflibercept, 1 mg ( <b>Eylea</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	
J0179	Injection, brolocizumab-dbl, 1 mg ( <b>Beovu</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	
J0180	Injection, agalsidase beta, 1 mg	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J0202	Injection, alemtuzumab, 1 mg ( <b>Lemtrada</b> )	<a href="#">MHK</a>		1/1/2016	
J0217	Injection, velmanase alfa-tycv, 1 mg	<a href="#">MHK</a>		1/1/2024	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	<a href="#">MHK</a>		4/1/2022	

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J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	<a href="#">MHK</a>		7/1/2017	
J0221	Injection, alglucosidase alfa, ( <b>Lumizyme™</b> ), 10 mg	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J0222	Injection, patisiran, 0.1 mg ( <b>Onpattro</b> )	<a href="#">MHK</a>		10/1/2019	
J0223	Injection, givosiran, 0.5 mg ( <b>Givlaari</b> )	<a href="#">MHK</a>		7/1/2020	
J0224	Injection, lumasiran, 0.5 mg	<a href="#">MHK</a>		7/1/2021	
J0225	Injection, vutrisiran, 1 mg	<a href="#">MHK</a>		1/1/2023	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	<a href="#">MHK</a>	1/1/2018	4/1/2018	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	<a href="#">MHK</a>	1/1/2018	4/1/2018	
J0490	Injection, Belimumab, 10 mg ( <b>Benlysta™</b> )	<a href="#">MHK</a>		1/1/2012	
J0491	Injection, anifrolumab-fnia, 1 mg	<a href="#">MHK</a>		4/1/2022	
J0517	Injection, benralizumab, 1 mg ( <b>Fasenra™</b> )	<a href="#">MHK</a>		1/1/2019	
J0565	Injection, bezlotoxumab ( <b>Zinplava™</b> )	<a href="#">MHK</a>		1/1/2018	
J0567	Injection, cerliponase alfa, 1 mg ( <b>Brineura</b> )	<a href="#">MHK</a>		1/1/2019	
J0576	Injection, buprenorphine extendedrelease (brixadi), 1 mg	<a href="#">MHK</a>		1/1/2024	Effective 4/1/24 use J0577 or J0578
J0577	Injection, buprenorphine extendedrelease (brixadi), less than or equal to 7 days of therapy	<a href="#">MHK</a>		4/1/2024	
J0578	Injection, buprenorphine extendedrelease (brixadi), greater than 7 days of therapy	<a href="#">MHK</a>		4/2/2024	
J0584	Injection, burosumab-twza 1 mg ( <b>Crystiva</b> )	<a href="#">MHK</a>		1/1/2019	
J0585	Injection, onabotulinumtoxina, 1 unit	<a href="#">MHK</a>		7/1/2005	
J0586	Injection, abobotulinumtoxina, 5 units	<a href="#">MHK</a>		1/1/2010	
J0587	Injection, rimabotulinumtoxinb, 100 units	<a href="#">MHK</a>		1/1/2006	
J0588	Injection, incobotulinum A 1 unit ( <b>Xeomin</b> )	<a href="#">MHK</a>		1/1/2012	
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	<a href="#">MHK</a>		4/1/2024	
J0591	Injection, deoxycholic acid, 1 mg ( <b>Kybella</b> )	<a href="#">Blue Cross NC</a>		7/1/2020	
J0596	Injection, c1 esterase inhibitor (recombinant), <b>Ruconest</b> , 10 units	<a href="#">MHK</a>		1/1/2016	
J0597	Injection, C-1 Esterase inhibitor (Human) ( <b>Berinert</b> ), 10 units	<a href="#">MHK</a>	7/1/2012	10/1/2012	
J0598	Injection C-1 Esterase inhibitor (Human) ( <b>Cinryze</b> ), Units	<a href="#">MHK</a>	7/1/2012	10/1/2012	
J0638	Injection, canakinumab, 1 mg ( <b>Ilaris</b> )	<a href="#">MHK</a>	10/1/2020	1/1/2021	

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J0717	Injection, certolizumab pegol, 1 mg	<a href="#">MHK</a>	4/1/2018	7/1/2018	
J0775	Injection, Collagenase, Clostridium Histolyticum, 0.01 mg ( <b>Xiafelx</b> )	<a href="#">MHK</a>		7/1/2020	
J0791	Injection, crizanlizumab-tmca, 5 mg ( <b>Adakvo</b> )	<a href="#">MHK</a>		7/1/2020	
J0800	Injection, Corticotropin ( <b>HP Actar Gel</b> )up to 40 units	<a href="#">MHK</a>	7/1/2012	10/1/2012	
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) ( <b>For non-oncology indications only</b> )	<a href="#">MHK</a>	7/1/2024	10/1/2024	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units ( <b>For non-oncology indications only</b> )	<a href="#">MHK</a>	7/1/2024	10/1/2024	
J0896	Injection, luspatercept-aamt, 0.25 mg ( <b>Reblozyl</b> )	<a href="#">MHK</a>		7/1/2020	
J0897	Injection, denosumab, 1 mg ( <b>Prolia/Xgeva</b> ) for <u>non oncology indications</u> <b>prior review required for all members</b>	<a href="#">MHK</a>		1/1/2012	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	<a href="#">MHK</a>		4/1/2024	
J1290	Injection, Ecallantide ( <b>Kalbitor</b> ) 1 mg	<a href="#">MHK</a>	7/1/2012	10/1/2012	
J1300	Injection, Eculizumab, 10mg ( <b>Soliris™</b> )	<a href="#">MHK</a>	10/1/2014	1/1/2015	
J1301	Injection, edaravone, 1 mg ( <b>Radicava™</b> )	<a href="#">MHK</a>		1/1/2019	
J1302	Injection, sutimlimab-jome, 10 mg	<a href="#">MHK</a>		10/1/2022	
J1303	Injection, ravulizumab-cwvz, 10 mg ( <b>Ultomiris™</b> )	<a href="#">MHK</a>		10/1/2019	
J1304(i)	Injection, tofersen, 1 mg (Qalsody)	<a href="#">MHK</a>		1/1/2024	
J1306	Injection, inclisiran, 1 mg ( <b>Leqvio</b> )	<a href="#">MHK</a>		7/1/2022	
J1322	Injection, elosulfase alfa, 1 mg	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J1325	Injection, epoprostenol, 0.5 mg	<a href="#">MHK</a>		4/1/2011	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	<a href="#">MHK</a>		4/1/2023	
J1412	Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal 2 × 10 <sup>13</sup> vector genomes (Roctavian)	<a href="#">MHK</a>		1/1/2024	
J1413(i)	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	<a href="#">MHK</a>		1/1/2024	
J1426(i)	Injection, casimersen, 10 mg ( <b>Amondys 45</b> )	<a href="#">MHK</a>		10/1/2021	
J1427(i)	Injection, viltolarsen, 10 mg ( <b>Viltepso</b> )	<a href="#">MHK</a>		4/1/2021	
J1428(i)	Injection, eteplirsen, 10 mg ( <b>Exondys 51™</b> )	<a href="#">MHK</a>		4/1/2017	
J1429(i)	Injection, golodirsen, 10 mg ( <b>Vyondys 53</b> )	<a href="#">MHK</a>		7/1/2020	
J1437	Injection, ferric derisomaltose, 10 mg ( <b>Monoferric</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	
J1439	Injection, ferric carboxymaltose, 1 mg ( <b>Injectafer</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	

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J1440	Fecal microbiota, live -jslm, 1 ml ( <b>Rebyota</b> )	<a href="#">MHK</a>		7/1/2023	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J1447	Injection, tbo-filgrastim, 1 microgram <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J1449	Injection, eflapegrastim-xnst, 0.1 mg	<a href="#">MHK</a>		4/1/2023	
J1458	Injection, galsulfase, 1 mg	<a href="#">MHK</a>	10/1/2016	1/1/2017	
J1459	injection, immune globulin ( <b>Privigen</b> ), intravenous, nonlyophilized (e.g., liquid), 500 mg	<a href="#">MHK</a>		1/1/2010	
J1551	Injection, immune globulin, 100 mg ( <b>Cutaquig</b> )	<a href="#">MHK</a>		7/1/2022	
J1554	Injection, immune globulin ( <b>Asceniv</b> ), 500 mg	<a href="#">MHK</a>	1/1/2021	4/1/2021	
J1555	Injection, immune globulin (Cuvitru), 100 mg	<a href="#">MHK</a>		1/1/2018	
J1556	Injection, immune globulin (Bivigam), 500 mg	<a href="#">MHK</a>		1/1/2014	
J1557	Injection, Immune Globulin (Gammaplex) IV, non-lyophilized (E.G. LIQUID), 500MG-	<a href="#">MHK</a>		1/1/2012	
J1558	Injection, immune globulin, 100 mg ( <b>Xembify</b> )	<a href="#">MHK</a>		7/1/2020	
J1559	Injection, Immune Globulin (Hizentra), 100 mg	<a href="#">MHK</a>		7/1/2010	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	<a href="#">MHK</a>		1/1/2010	
J1566	injection, immune globulin, intravenous, lyophilized(eg., powder), not otherwise specified, 500 mg	<a href="#">MHK</a>		1/1/2010	
J1568	injection, immune globulin, (octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	<a href="#">MHK</a>		1/1/2010	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e. g. Liquid), 500 mg	<a href="#">MHK</a>		1/1/2010	
J1572	injection , immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid) 500 mg	<a href="#">MHK</a>		1/1/2010	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	<a href="#">MHK</a>		1/1/2016	
J1576	Injection, immune globulin , intravenous, non-lyophilized (e.g., liquid), 500 mg ( <b>Panzyga</b> )	<a href="#">MHK</a>		7/1/2023	
J1599	Injection, Immune Globulin, Intravenous, Non Lyophilized (E.G.Liquid), Not otherwise Specified, 500 mg	<a href="#">MHK</a>		1/1/2011	

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J1602	Injection, golimumab, 1 mg, for intravenous use	<a href="#">MHK</a>		1/1/2014	
J1628	Injection, guselkumab, 1 mg ( <b>Tremfya</b> )	<a href="#">MHK</a>	7/1/2020	10/1/2020	
J1632	Injection, brexanolone, 1 mg ( <b>Zulresso™</b> )	<a href="#">MHK</a>		10/1/2020	
J1743	Injection, idursulfase, 1 mg	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J1744	Injection, icatibant, 1 mg	<a href="#">MHK</a>	4/1/2013	7/1/2013	
J1745	Injection, infliximab, excludes biosimilar, 10 mg (REMICADE)	<a href="#">MHK</a>		7/1/2008	
J1746	Injection, ibalizumab-uiyk, 10 mg	<a href="#">MHK</a>		1/1/2019	
J1747	Injection, spesolimab-sbzo, 1 mg	<a href="#">MHK</a>		4/1/2023	
J1786	Injection, imiglucerase, 10 units	<a href="#">MHK</a>	7/1/2015	10/1/2015	
J1823	Injection, inebilizumab-cdon, 1 mg ( <b>Uplizna</b> )	<a href="#">MHK</a>		1/1/2021	
J1930	Injection, lanreotide, 1 mg	<a href="#">MHK</a>	10/1/2016	1/1/2017	
J1931	Injection, laronidase, 0.1 mg	<a href="#">MHK</a>		7/1/2017	
J1932	Injection, lanreotide, (cipl), 1 mg	<a href="#">MHK</a>		10/1/2022	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J1952	Leuprolide injectable, camcevi, 1 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J1954	Injection, leuprolide acetate for depot suspension (lustrate), 7.5 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J2182	Injection, mepolizumab, 1 mg	<a href="#">MHK</a>		1/1/2017	
J2267	Injection, mirikizumab-mrkz, 1 mg	<a href="#">MHK</a>		7/1/2024	
J2323	Injection, natalizumab, 1 mg	<a href="#">MHK</a>		4/1/2011	
J2326	Injection, nusinersen, 0.1 mg ( <b>Spinrazza</b> )	<a href="#">MHK</a>		4/1/2017	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	<a href="#">MHK</a>		1/1/2023	
J2329	Injection, ublituximab-xiyy, 1mg ( <b>Briumvi</b> )	<a href="#">MHK</a>		7/1/2023	
J2350	Injection, ocrelizumab, 1 mg ( <b>Ocrevus</b> )	<a href="#">MHK</a>		6/15/2017	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	<a href="#">MHK</a>	10/1/2016	1/1/2017	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	<a href="#">MHK</a>	10/1/2016	1/1/2017	

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J2356	Injection, tezepelumab-ekko, 1 mg ( <b>Tezspire</b> )	<a href="#">MHK</a>		7/1/2022	
J2357	Injection, omalizumab, 5 mg	<a href="#">MHK</a>		9/6/2006	
J2502	Injection, pasireotide long acting, 1 mg ( <b>Signifor LAR</b> )	<a href="#">MHK</a>		1/1/2016	
J2503	Injection, pegaptanib sodium, 0.3 mg ( <b>Macugen</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J2507	INJECTION, PEGLOTICASE, 1 MG [Krystexxa]	<a href="#">MHK</a>	7/1/2020	10/1/2020	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	<a href="#">MHK</a>		1/1/2024	
J2777	Injection, faricimab-svoa, 0.1 mg	<a href="#">MHK</a>		10/1/2022	
J2778	Injection, ranibizumab, 0.1 mg ( <b>Lucentis</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	
J2779	Injection, ranibizumab, via intravitreal implant, 0.1 mg ( <b>Susvimo</b> )	<a href="#">MHK</a>		7/1/2022	
J2782	Injection, avacincapted pegol, 0.1 mg	<a href="#">MHK</a>		4/1/2024	
J2786	Injection, reslizumab, 1 mg	<a href="#">MHK</a>		1/1/2017	
J2796	Injection, romiplostim, 10 micrograms (NPlate)	<a href="#">MHK</a>	10/1/2016	1/1/2017	
J2820	Injection, sargramostim (gm-csf), 50 mcg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J2840	Injection, sebelipase alfa, 1 mg ( <b>Kanuma</b> )	<a href="#">MHK</a>	7/1/2015	10/1/2015	
J2998	Injection, plasminogen, human-tvmh, 1 mg ( <b>Ryplazim</b> )	<a href="#">MHK</a>		7/1/2022	
J3032	Injection, eptinezumab-jjmr, 1 mg ( <b>Vyepti™</b> )	<a href="#">MHK</a>		10/1/2020	
J3060	Injection, taliglucerase alfa, 10 units	<a href="#">MHK</a>	7/1/2015	10/1/2015	
J3111	Injection, romosozumab-aqqg, 1 mg ( <b>Evenity™</b> )	<a href="#">MHK</a>		10/1/2019	
J3241	Injection, teprotumumab-trbw, 10 mg ( <b>Tepezza</b> )	<a href="#">MHK</a>		10/1/2020	
J3245	Injection, tildrakizumab, 1 mg ( <b>Ilumya</b> )	<a href="#">MHK</a>	7/1/2020	10/1/2020	
J3247	Injection, secukinumab, intravenous, 1 mg	<a href="#">MHK</a>		7/1/2024	
J3262	Injection, Toclizumab, ( <b>Actemra</b> ) 1 mg	<a href="#">MHK</a>		7/1/2010	
J3285	Injection, Treprostinil, 1 mg	<a href="#">MHK</a>		4/1/2011	
J3315	Injection, triptorelin pamoate, 3.75 mg for non <b>oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J3316	Injection, triptorelin, extended-release, 3.75 mg for <b>non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J3357	Injection, Ustekinumab, (Stelara) 1mg for subcutaneous injection,	<a href="#">MHK</a>		7/1/2010	

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J3358	Ustekinumab, for intravenous injection, 1 mg (Stelara IV)	<a href="#">MHK</a>		1/1/2017	
J3380	Injection, vedolizumab, 1 mg (Entivyo)	<a href="#">MHK</a>	7/1/2014	10/1/2014	
J3385	Injection, velaglucerase alfa, 100 units	<a href="#">MHK</a>	7/1/2015	10/1/2015	
J3393	Injection, betibeglogene autotemcel, per treatment	<a href="#">MHK</a>		7/1/2024	
J3394	Injection, lovetibeglogene autotemcel, per treatment	<a href="#">MHK</a>		7/1/2024	
J3397	Injection, vestronidase alfa-vjbk, 1 mg	<a href="#">MHK</a>		1/1/2019	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	<a href="#">MHK</a>		1/1/2019	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes ( <b>Zolgensma</b> )	<a href="#">MHK</a>		7/1/2020	
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml	<a href="#">MHK</a>		1/1/2024	
J3490(i)	Delandistrogene moxeparvovec-rokl ( <b>Elevidys</b> )	<a href="#">MHK</a>		6/22/2023	Effective 1/1/2024 use J1413
J3490*	New to market speciality Drugs covered under medical benefits ** ( <b>regardless of the code used for Billing</b> )	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J3490*	Unclassified drugs	<a href="#">MHK</a>			
J3490*	Zolbetuximab-clzb ( <b>Vyloy</b> )	<a href="#">MHK</a>		10/18/2024	
J3490*	Ustekinumab-srlf ( <b>Imuldosa</b> )	<a href="#">MHK</a>		10/10/2024	
J3490*	Ustekinumab-aauz ( <b>Otulf</b> )	<a href="#">MHK</a>		9/27/2024	
J3490*	Ocrelizumab and hyaluronidase-ocsq ( <b>Ocrevus Zunovo</b> )	<a href="#">MHK</a>		9/13/2024	
J3490*	Atezolizumab and hyaluronidase-tqjs ( <b>Tecentriq Hybreza</b> )	<a href="#">MHK</a>		9/12/2024	Effective 11/1/2024 prior auth through Carelon
J3490*	aflibercept-ayyh ( <b>Pavblu</b> )	<a href="#">MHK</a>		8/23/2024	
J3490*	Axatilimab-csfr ( <b>Niktimvo</b> )	<a href="#">MHK</a>		8/14/2024	
J3490*	Aflibercept-abzv ( <b>Enzeevu</b> )	<a href="#">MHK</a>		8/9/2024	
J3490*	Denileukin diftitox-cxdl ( <b>Lymphir</b> )	<a href="#">MHK</a>		8/7/2024	Effective 11/1/2024 prior auth through Carelon
J3490*	Eculizumab-aagh ( <b>Epysqli</b> )	<a href="#">MHK</a>		7/19/2024	

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J3490*	Ustekinumab-ttwe ( <b>Pyzchiva</b> )	<a href="#">MHK</a>		7/1/2024	
J3490*	Filgrastim-txid ( <b>Nypozi</b> )	<a href="#">MHK</a>		6/28/2024	
J3490*	Aflibercept-mrbb ( <b>Ahzantive</b> )	<a href="#">MHK</a>		6/28/2024	
J3490*	Crovalimab-akkz ( <b>PiaSky</b> )	<a href="#">MHK</a>		6/20/2024	
J3490*	Imetelstat ( <b>Rytelo</b> )	<a href="#">MHK</a>		6/6/2024	
J3490*	Immune globulin intravenous, human-dira ( <b>Yimmugo</b> )	<a href="#">MHK</a>		6/13/2024	
J3490*	Eculizumab-aeeb ( <b>Bkemv</b> )	<a href="#">MHK</a>		5/28/2024	
J3490*	Aflibercept-jbv( <b>Yesafili</b> )	<a href="#">MHK</a>		5/20/2024	
J3490*	Aflibercept-yszy ( <b>Opuviz</b> )	<a href="#">MHK</a>		5/20/2024	
J3490*	Tarlatamab-dlle( <b>Imdelltra</b> )	<a href="#">MHK</a>		5/16/2024	Effective 8/9/2024 prior auth through Carelon
J3490*	Trastuzumab-strf ( <b>Hercessi</b> )	<a href="#">MHK</a>		4/25/2024	
J3490*	Nogapendekin alfa inbakicept-pmln ( <b>Anktiva</b> )	<a href="#">MHK</a>		4/22/2024	Effective 8/9/2024 prior auth through Carelon
J3490*	Ustekinumab-aekn ( <b>Selarsd</b> )	<a href="#">MHK</a>		4/16/2024	
J3490*	Sotatercept-csrk ( <b>Winrevair</b> )	<a href="#">MHK</a>		3/26/2024	
J3490*	Atidarsagene autotemcel ( <b>Lenmeldy</b> )	<a href="#">MHK</a>		3/18/2024	
J3490*	Tislelizumab-jsgr ( <b>Tevimbra</b> )	<a href="#">MHK</a>		3/13/2024	Effective 7/1/24 prior auth thorough Carelon
J3490*	Tocilizumab ( <b>Tyenne</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5135
J3490*	Denosumab ( <b>Jubbonti</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
J3490*	Denosumab ( <b>Wyost</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
J3490*	(LetibotulinumtoxinA-wlbg ( <b>Letybo</b> )	<a href="#">MHK</a>		2/29/2024	
J3490*	Lifileucel( <b>Amtagvi</b> )	<a href="#">MHK</a>		2/16/2024	
J3490*	Immune globulin intravenous, human-stwk ( <b>Alyglo</b> )	<a href="#">MHK</a>		12/15/2023	
J3490*	Bevacizumab-tnjn ( <b>Avzivi</b> )	<a href="#">MHK</a>		12/6/2023	
J3490*	Efbemalenograstim alfa-vuxw ( <b>Ryzneuta</b> )	<a href="#">MHK</a>		11/16/2023	Effective 7/1/24 use J9365
J3490*	ADAMTS13, recombinant-krhn ( <b>Adzynma</b> )	<a href="#">MHK</a>		11/9/2023	Effective 7/1/24 use J7171

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3490*	Ustekinumab-auub ( <b>Wezlana</b> )	<a href="#">MHK</a>		10/31/2023	Effective 7/1/24 use Q5137 or Q5138
J3490*	Toripalimab-tpzi ( <b>Loqtorzi</b> )	<a href="#">MHK</a>		10/27/2023	Effective 3/11/24 auth through Carelton
J3490*	Mirikizumab ( <b>Omvoh</b> )	<a href="#">MHK</a>		10/26/2023	Effective 7/1/24 use J2267
J3490*	Secukinumab ( <b>Cosentyx</b> )	<a href="#">MHK</a>		10/6/2023	Effective 7/1/24 use J3247
J3490*	Nedosiran ( <b>Rivfloza</b> )	<a href="#">MHK</a>		9/29/2023	
J3490*	Tocilizumab-bavi ( <b>Tofidence</b> )	<a href="#">MHK</a>		9/29/2023	Effective 4/1/24 use Q5133
J3490*	Cipaglifosidase alfa-atga ( <b>Pombiliti</b> )	<a href="#">MHK</a>		9/28/2023	Effective 4/1/24 use J1203
J3490*	Natalizumab-sztn ( <b>Tyruko</b> )	<a href="#">MHK</a>		8/25/2023	Effective 4/1/24 use Q5134
J3490*	Fosaprepitant ( <b>Focinvez</b> )	<a href="#">MHK</a>		8/22/2023	Effective 4/1/2024 auth through Carelton
J3490*	Aflibercept ( <b>Eylea HD</b> )	<a href="#">MHK</a>		8/18/2023	Effective 4/1/24 use J0177
J3490*	Pozelimab-bbfg ( <b>Veopoz</b> )	<a href="#">MHK</a>		8/18/2023	Effective 4/1/24 us J9376
J3490*	Melphalan hepatic delivery system ( <b>Hepzato Kit</b> )	<a href="#">MHK</a>		8/14/2023	Effective 4/1/24 use J9248
J3490*	Elranatamab-bcmm ( <b>Elrexio</b> )	<a href="#">MHK</a>		8/14/2023	<b>Effective 10/7/23</b> <b>auth through</b> <b>Carelton</b>
J3490*	Talquetamab-tgvs ( <b>Talvey</b> )	<a href="#">MHK</a>		8/9/2023	<b>Effective 10/7/23</b> <b>auth through</b> <b>Carelton</b>
J3490*	Avacincaptad pegol ( <b>Izervay</b> )	<a href="#">MHK</a>		8/4/2023	Effective 4/1/24 use J2782
J3490*	Valoctocogene roxaparvovec-rvox ( <b>Roctavian</b> )	<a href="#">MHK</a>		6/29/2023	Effective 1/1/2024 use J1412
J3490*	Donislecel ( <b>Lantidra</b> )	<a href="#">MHK</a>		6/28/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3490*	Rozanolixizumab-noli ( <b>Rystiggo</b> )	<a href="#">MHK</a>		6/27/2023	
J3490*	Efgartigimod alfa and hyaluronidase-qvfc ( <b>Vyvgart Hytrulo</b> )	<a href="#">MHK</a>		6/20/2023	
J3490*	Glofitamab-gxbm ( <b>Columvi</b> )	<a href="#">MHK</a>		6/15/2023	Effective 9/13/2023 auth through Carelon
J3490*	Buprenorphine depot ( <b>Brixadi</b> )	<a href="#">MHK</a>		5/23/2023	Effective 1/1/2024 use J3401
J3490*	Beremagene geperpavec-svdt ( <b>Vyjuvek</b> )	<a href="#">MHK</a>		5/19/2023	Effective 1/1/2024 use J0577
J3490*	Epcoritamab-bysp ( <b>Epkinly</b> )	<a href="#">MHK</a>		5/19/2023	<b>Effective 8/17/23</b> auth through <b>Carelon</b>
J3490*	Pegunigalsidase alfa-iwxj ( <b>Elfabrio</b> )	<a href="#">MHK</a>		5/9/2023	Effective 1/1/2024 use J2508
J3490*	Retifanlimab-dlwr ( <b>Zynyz</b> )	<a href="#">MHK</a>		3/22/2023	<b>Effective 5/19/23</b> PA through <b>Carelon</b>
J3490*	Pegcetacoplan ( <b>Syfovre</b> )	<a href="#">MHK</a>		2/17/2023	<b>Effective 10/1/23</b> use <b>J2781</b>
J3490*	Velmanase alfa-tycv ( <b>Lamzede</b> )	<a href="#">MHK</a>		2/16/2023	Effective 1/1/2024 use J0217
J3490*	Ublituximab-xiiy ( <b>Briumvi</b> )	<a href="#">MHK</a>		12/28/2022	<b>Effective 7/1/23</b> use <b>J2329</b>
J3490*	Nadofaragene firadenovec-vncg ( <b>Adstiladrin</b> )	<a href="#">MHK</a>		12/16/2022	<b>Effective 7/1/23</b> use <b>J9029</b>
J3490*	fecal microbiota, live - jslm ( <b>Rebyota</b> )	<a href="#">MHK</a>		11/30/2022	<b>Effective 7/1/2023</b> use <b>J1440</b>
J3490*	Etranacogene dezaparvovec-drlb ( <b>Hemgenix</b> )	<a href="#">MHK</a>		11/22/2022	<b>Effective 4/1/23</b> use <b>J1411</b>
J3490*	Teplizumab-mzvw ( <b>Tzield</b> )	<a href="#">MHK</a>		11/17/2022	<b>Effective 7/1/23</b> use <b>J9381</b>
J3490*	Elivaldogene autotemcel ( <b>Skysona</b> )	<a href="#">MHK</a>		9/16/2022	
J3490*	Olipudase alfa-rpcp ( <b>Xenpozyme</b> )	<a href="#">MHK</a>		8/31/2022	
J3490*	Betibeglogene autotemcel ( <b>Zynteglo</b> )	<a href="#">MHK</a>		8/17/2022	Effective 7/1/24 use J3393

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3490*	Allogeneic processed thymus tissue-agdc ( <b>Rethymic</b> )	<a href="#">MHK</a>		10/8/2021	
J3490*	Fosdenopterin ( <b>Nulibry</b> )	<a href="#">MHK</a>		2/26/2021	
J3490*	Letermovir ( <b>Prevymis™</b> )	<a href="#">MHK</a>		2/1/2018	
J3490*(i)	Tofersen ( <b>Qalsody</b> )	<a href="#">MHK</a>		4/25/2023	Effective 1/1/2024 use J1304
J3490*(i)	DaxibotulinumtoxinA-lanm ( <b>Daxxify</b> )	<a href="#">MHK</a>		9/8/2022	Effective 4/1/24 use J0589
J3590(i)	Delandistrogene moxeparvovec-rokl ( <b>Elevidys</b> )	<a href="#">MHK</a>		6/22/2023	Effective 1/1/2024 use J1413
J3590*	New to market speciality Drugs covered under medical benefits ** ( <b>regardless of the code used for Billing</b> )	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J3590*	Unclassified drugs	<a href="#">MHK</a>			
J3590*	Zolbetuximab-clzb ( <b>Vyloy</b> )	<a href="#">MHK</a>		10/18/2024	
J3590*	Ustekinumab-srlf ( <b>Imuldosa</b> )	<a href="#">MHK</a>		10/10/2024	
J3590*	Ustekinumab-aauz ( <b>Otulfi</b> )	<a href="#">MHK</a>		9/27/2024	
J3590*	Ocrelizumab and hyaluronidase-ocsq ( <b>Ocrevus Zunovo</b> )	<a href="#">MHK</a>		9/13/2024	
J3590*	Atezolizumab and hyaluronidase-tqjs ( <b>Tecentriq Hybreza</b> )	<a href="#">MHK</a>		9/12/2024	Effective 11/1/2024 prior auth through Carelton
J3590*	aflibercept-ayyh ( <b>Pavblu</b> )	<a href="#">MHK</a>		8/23/2024	
J3590*	Axatilimab-csfr ( <b>Niktimvo</b> )	<a href="#">MHK</a>		8/14/2024	
J3590*	Aflibercept-abzv ( <b>Enzeevu</b> )	<a href="#">MHK</a>		8/9/2024	
J3590*	Denileukin diftitox-cxdl ( <b>Lymphir</b> )	<a href="#">MHK</a>		8/7/2024	Effective 11/1/2024 prior auth through Carelton
J3590*	Eculizumab-aagh ( <b>Epysqli</b> )	<a href="#">MHK</a>		7/19/2024	
J3590*	Ustekinumab-ttwe ( <b>Pyzchiva</b> )	<a href="#">MHK</a>		7/1/2024	
J3590*	Filgrastim-txid ( <b>Nypozi</b> )	<a href="#">MHK</a>		6/28/2024	
J3590*	Aflibercept-mrbb ( <b>Ahzantive</b> )	<a href="#">MHK</a>		6/28/2024	
J3590*	Crovalimab-akkz ( <b>PiaSky</b> )	<a href="#">MHK</a>		6/20/2024	
J3590*	Imetelstat ( <b>Rytelo</b> )	<a href="#">MHK</a>		6/6/2024	
J3590*	Immune globulin intravenous, human-dira ( <b>Yimmugo</b> )	<a href="#">MHK</a>		6/13/2024	
J3590*	Eculizumab-aeeb ( <b>Bkemv</b> )	<a href="#">MHK</a>		5/28/2024	

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J3590*	Aflibercept-jbv( <b>Yesafili</b> )	<a href="#">MHK</a>		5/20/2024	
J3590*	Aflibercept-yszy ( <b>Opuviz</b> )	<a href="#">MHK</a>		5/20/2024	
J3590*	Tarlatamab-dlle( <b>Imdelltra</b> )	<a href="#">MHK</a>		5/16/2024	Effective 8/9/2024 prior auth through Carelon
J3590*	Trastuzumab-strf ( <b>Hercessi</b> )	<a href="#">MHK</a>		4/25/2024	
J3590*	Nogapendekin alfa inbakicept-pmln ( <b>Anktiva</b> )	<a href="#">MHK</a>		4/22/2024	Effective 8/9/2024 prior auth through Carelon
J3590*	Ustekinumab-aekn ( <b>Selarsd</b> )	<a href="#">MHK</a>		4/16/2024	
J3590*	Atidarsagene autotemcel ( <b>Lenmeldy</b> )	<a href="#">MHK</a>		3/18/2024	
J3590*	Tislelizumab-jsgr ( <b>Tevimbra</b> )	<a href="#">MHK</a>		3/13/2024	Effective 7/1/24 prior auth thorough Carelon
J3590*	Tocilizumab ( <b>Tyenne</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5135
J3590*	Denosumab ( <b>Jubbonti</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
J3590*	Denosumab ( <b>Wyost</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
J3590*	(LetibotulinumtoxinA-wlbg ( <b>Letybo</b> )	<a href="#">MHK</a>		2/29/2024	
J3590*	Lifileucel( <b>Amtagvi</b> )	<a href="#">MHK</a>		2/16/2024	
J3590*	Immune globulin intravenous, human-stwk ( <b>Alyglo</b> )	<a href="#">MHK</a>		12/15/2023	
J3590*	Bevacizumab-tnjn ( <b>Avzivi</b> )	<a href="#">MHK</a>		12/6/2023	
J3590*	Efbemalenograstim alfa-vuxw ( <b>Ryzneuta</b> )	<a href="#">MHK</a>		11/16/2023	Effective 7/1/24 use J9365
J3590*	ADAMTS13, recombinant-krhn ( <b>Adzynma</b> )	<a href="#">MHK</a>		11/9/2023	Effective 7/1/24 use J7171
J3590*	Ustekinumab-auub ( <b>Wezlana</b> )	<a href="#">MHK</a>		10/31/2023	Effective 7/1/24 use Q5137 or Q5138
J3590*	Toripalimab-tpzi ( <b>Loqtorzi</b> )	<a href="#">MHK</a>		10/27/2023	Effective 3/11/24 auth through Carelon
J3590*	Mirikizumab ( <b>Omvoh</b> )	<a href="#">MHK</a>		10/26/2023	Effective 7/1/24 use J2267

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3590*	Secukinumab ( <b>Cosentyx</b> )	<a href="#">MHK</a>		10/6/2023	Effective 7/1/24 use J3247
J3590*	Nedosiran ( <b>Rivfloza</b> )	<a href="#">MHK</a>		9/29/2023	
J3590*	Tocilizumab-bavi ( <b>Tofidence</b> )	<a href="#">MHK</a>		9/29/2023	Effective 4/1/24 use Q5133
J3590*	Cipaglicosidase alfa-atga ( <b>Pombiliti</b> )	<a href="#">MHK</a>		9/28/2023	Effective 4/1/24 use J1203
J3590*	Natalizumab-sztn ( <b>Tyruko</b> )	<a href="#">MHK</a>		8/25/2023	Effective 4/1/24 use Q5134
J3590*	Fosaprepitant ( <b>Focinvez</b> )	<a href="#">MHK</a>		8/22/2023	Effective 4/1/2024 auth through Carelton
J3590*	Aflibercept ( <b>Eylea HD</b> )	<a href="#">MHK</a>		8/18/2023	Effective 4/1/24 use J0177
J3590*	Pozelimab-bbfg ( <b>Veopoz</b> )	<a href="#">MHK</a>		8/18/2023	Effective 4/1/24 us J9376
J3590*	Melphalan hepatic delivery system ( <b>Hepzato Kit</b> )	<a href="#">MHK</a>		8/14/2023	Effective 4/1/24 use J9248
J3590*	Avacincaptad pegol ( <b>Izervay</b> )	<a href="#">MHK</a>		8/4/2023	Effective 4/1/24 use J2782
J3590*	Valoctocogene roxaparvovec-rvox ( <b>Roctavian</b> )	<a href="#">MHK</a>		6/29/2023	Effective 1/1/2024 use J1412
J3590*	Donislecel ( <b>Lantidra</b> )	<a href="#">MHK</a>		6/28/2023	
J3590*	Rozanolixizumab-noli ( <b>Rystiggo</b> )	<a href="#">MHK</a>		6/27/2023	
J3590*	Efgartigimod alfa and hyaluronidase-qvfc ( <b>Vyvgart Hytrulo</b> )	<a href="#">MHK</a>		6/20/2023	
J3590*	Glofitamab-gxbm ( <b>Columvi</b> )	<a href="#">MHK</a>		6/15/2023	Effective 9/13/2023 auth through Carelon
J3590*	Buprenorphine depot ( <b>Brixadi</b> )	<a href="#">MHK</a>		5/23/2023	Effective 1/1/2024 use J3401
J3590*	Beremagene geperpavec-svdt ( <b>Vyjuvek</b> )	<a href="#">MHK</a>		5/19/2023	Effective 1/1/2024 use J0577
J3590*	Pegunigalsidase alfa-iwxj ( <b>Elfabrio</b> )	<a href="#">MHK</a>		5/9/2023	Effective 1/1/2024 use J2508
J3590*	Velmanase alfa-tycv ( <b>Lamzede</b> )	<a href="#">MHK</a>		2/16/2023	Effective 1/1/2024 use J0217

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3590*	Elivaldogene autotemcel ( <b>Skysona</b> )	<a href="#">MHK</a>		9/16/2022	
J3590*	Olipudase alfa-rpcp ( <b>Xenpozyme</b> )	<a href="#">MHK</a>		8/31/2022	
J3590*	Betibeglogene autotemcel ( <b>Zynteglo</b> )	<a href="#">MHK</a>		8/17/2022	Effective 7/1/24 use J3393
J3590*	Fosdenopterin ( <b>Nulibry</b> )	<a href="#">MHK</a>		2/26/2021	
J3590*	Lumasiran ( <b>Oxlumo</b> )	<a href="#">MHK</a>		11/23/2020	
J3590*	Brexucabtagene autoleucel ( <b>Tecartus</b> )	<a href="#">MHK</a>		7/24/2020	
J3590*(i)	Tofersen ( <b>Qalsody</b> )	<a href="#">MHK</a>		4/25/2023	Effective 1/1/2024 use J1304
J3590*(i)	Lecanemab-irmb ( <b>Leqembi</b> )	<a href="#">MHK</a>		1/6/2023	Effective 7/6/23 use J0174
J3590*(i)	DaxibotulinumtoxinA-lanm ( <b>Daxxify</b> )	<a href="#">MHK</a>		9/8/2022	Effective 4/1/24 use J0589
J7171	Injection, adamts13, recombinant-krhn, 10 iu	<a href="#">MHK</a>		7/1/2024	
J7318	Hyaluronan or derivative, <b>Durolane</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		1/1/2019	
J7320	Hyaluronan or derivative, <b>Genvisc 850</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		1/1/2017	
J7321	Hyaluronan or derivative, <b>Hyalgan, Supartz or Visco-3</b> , for intra-articular injection, per dose	<a href="#">MHK</a>	10/15/2013	1/15/2014	
J7322	Hyaluronan or derivative, <b>Hymovis</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		1/1/2017	
J7323	Hyaluronan or derivative, <b>Euflexxa</b> , for intra-articular injection, per dose	<a href="#">MHK</a>	10/1/2018	1/1/2019	
J7324	Hyaluronan or derivative, <b>Orthovisc</b> , for intra-articular injection, per dose	<a href="#">MHK</a>	10/15/2013	1/15/2014	
J7325	Hyaluronan or derivative, <b>Synvisc or Synvisc-one</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>	10/1/2018	1/1/2019	
J7326	Hyaluronan or derivative, <b>Gel-one</b> , for intra-articular injection, per dose	<a href="#">MHK</a>	10/15/2013	1/15/2014	
J7327	Hyaluronan or derivative, <b>Monovisc</b> , for intra-articular injection, per dose	<a href="#">MHK</a>		4/1/2015	
J7328	Hyaluronan or derivative, <b>Gelsyn-3</b> , for intra-articular injection, 0.1 mg	<a href="#">MHK</a>		1/1/2016	
J7329	Hyaluronan or derivative, <b>Trivisc</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		1/1/2019	
J7330	Autologous cultured chondrocytes, implant ( <b>ASO MEMBERS ONLY</b> )	<a href="#">Blue Cross NC</a>		10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J7330	Autologous cultured chondrocytes, implant	<a href="#">Blue Cross NC</a>		10/1/2006	9/30/2023 Auth though Carelon as of 10/1 for fully insured groups
J7331	Hyaluronan or derivative, <b>Synjoynt</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		10/1/2019	
J7332	Hyaluronan or derivative, <b>Triluron</b> , for intra-articular injection, 1 mg	<a href="#">MHK</a>		10/1/2019	
J7333	Hyaluronan or derivative, <b>Visco-3</b> , for intra-articular injection, per dose	<a href="#">MHK</a>		7/1/2020	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram ( <b>DURYSTA™</b> )	<a href="#">MHK</a>		10/1/2020	
J7402(i)	Mometasone furoate sinus implant, 10 micrograms ( <b>Sinuva</b> )	<a href="#">Blue Cross NC</a>		4/1/2021	
J7686	Treprostinil, inhalation solution, 1.74 mg unit dose form non-compounded administered through DME	<a href="#">MHK</a>		4/1/2011	
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose ( <b>Adstiladrin</b> )	<a href="#">MHK</a>		7/1/2023	
J9035	Injection, bevacizumab, 10 mg (for oncology indications only) <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J9202	Goserelin acetate implant, per 3.6 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J9210	Injection, emapalumab-lzsg, 1 mg ( <b>Gamifant™</b> )	<a href="#">MHK</a>		10/1/2019	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg <b>for non oncology indications prior review required for all members</b>	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J9226	Histrelin implant (Supprelin LA), 50 mg	<a href="#">MHK</a>	1/1/2023	7/1/2023	
J9248	Injection, melphalan (hepzato), 1 mg	<a href="#">MHK</a>		4/1/2024	
J9311	Injection, rituximab 10 mg and hyaluronidase ( <b>Rituxan Hyclea®</b> ) <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		10/1/2022	
J9312	Injection, rituximab, 10 mg (Rituxan) <b>OUTPATIENT AND PROFESSIONAL USE (Oncology Diagnoses)</b>	<a href="#">MHK</a>		6/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J9312	Injection, rituximab, 10 mg (Rituxan) <b>prior review required for the diagnosis OF RHEUMATOID Arthritis.</b>	<a href="#">MHK</a>		1/1/2019	
J9332	Injection, efgartigimod alfa-fcab, 2mg (Vyvgart)	<a href="#">MHK</a>		7/1/2022	
J9333	Injection, rozanolixizumab-noli, 1 mg	<a href="#">MHK</a>		1/1/2024	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	<a href="#">MHK</a>		1/1/2024	
J9355	Injection, trastuzumab, 10 mg ( <b>Herceptin</b> ) <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk ( <b>Herceptin Hylectra</b> ) <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		10/1/2022	
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	<a href="#">MHK</a>		7/1/2024	
J9376	Injection, pozelimab-bbfg, 1 mg	<a href="#">MHK</a>		4/1/2024	
J9381	Injection, teplizumab-mzwv, 5 mcg ( <b>Tzielid</b> )	<a href="#">MHK</a>		7/1/2023	
J9600	Injection, porfimer sodium, 75 mg ( <b>Photofrin</b> )	<a href="#">Blue Cross NC</a>	10/1/2020	1/1/2021	
J9999*	New to market speciality Drugs covered under medical benefits ** ( <b>regardless of the code used for Billing</b> )	<a href="#">MHK</a>	7/1/2017	10/1/2017	
J9999*	Zolbetuximab-clzb ( <b>Vyloy</b> )	<a href="#">MHK</a>		10/18/2024	
J9999*	Atezolizumab and hyaluronidase-tqjs ( <b>Tecentriq Hybreza</b> )	<a href="#">MHK</a>		9/12/2024	Effective 11/1/2024 prior auth through Carelon
J9999*	Axatilimab-csfr ( <b>Niktimvo</b> )	<a href="#">MHK</a>		8/14/2024	
J9999*	Denileukin diftitox-cxdl ( <b>Lymphir</b> )	<a href="#">MHK</a>		8/7/2024	Effective 11/1/2024 prior auth through Carelon
J9999*	Tarlatamab-dlle( <b>Imdelltra</b> )	<a href="#">MHK</a>		5/16/2024	
J9999*	Trastuzumab-strf ( <b>Hercessi</b> )	<a href="#">MHK</a>		4/25/2024	
J9999*	Nogapendekin alfa inbakicept-pmln ( <b>Anktiva</b> )	<a href="#">MHK</a>		4/22/2024	
J9999*	Tislelizumab-jsgr ( <b>Tevimbra</b> )	<a href="#">MHK</a>		3/13/2024	Effective 7/1/24 prior auth thorough Carelon
J9999*	Denosumab ( <b>Jubbonti</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J9999*	Denosumab ( <b>Wyost</b> )	<a href="#">MHK</a>		3/5/2024	Effective 10/1/24 use Q5136
J9999*	Lifileucel( <b>Amtagvi</b> )	<a href="#">MHK</a>		2/16/2024	
J9999*	Bevacizumab-tjnj ( <b>Avzivi</b> )	<a href="#">MHK</a>		12/6/2023	
J9999*	Efbemalenograstim alfa-vuxw ( <b>Ryzneuta</b> )	<a href="#">MHK</a>		11/16/2023	
J9999*	Toripalimab-tpzi ( <b>Loqtorzi</b> )	<a href="#">MHK</a>		10/27/2023	Effective 3/11/24 auth through Carelon
J9999*	Melphalan hepatic delivery system ( <b>Hepzato Kit</b> )	<a href="#">MHK</a>		8/14/2023	Effective 4/1/24 use J9248
J9999*	Vutrisiran ( <b>Amvuttra</b> )	<a href="#">MHK</a>		6/13/2022	
K0108	Other accessories <b>**WITH PURCHASE PRICE OF \$1500.00 AND ABOVE**</b>	<a href="#">Blue Cross NC</a>		10/1/2006	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	<a href="#">Blue Cross NC</a>		10/1/2007	
K0743	Suction pump, home model, portable, for use on wounds	<a href="#">Blue Cross NC</a>		7/1/2011	
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	<a href="#">Blue Cross NC</a>		7/1/2011	
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	<a href="#">Blue Cross NC</a>		7/1/2011	
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	<a href="#">Blue Cross NC</a>		7/1/2011	
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<a href="#">Blue Cross NC</a>		10/1/2006	
K0900	Customized durable medical equipment, other than wheelchair	<a href="#">Blue Cross NC</a>		7/1/2013	
K1001 [i]	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	Effective 1/1/2024 use E0530
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use L5615
K1016(i)	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use E0733
K1017(i)	Monthly supplies for use of device coded at k1016	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use A4541
K1018(i)	External upper limb tremor stimulator of the peripheral nerves of the wrist	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use E0734
K1019(i)	Monthly supplies for use of device coded at k1018	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use A4542
K1020(i)	Non-invasive vagus nerve stimulator	<a href="#">Blue Cross NC</a>		4/1/2021	Effective 1/1/2024 use E0735
K1021(i)	Exsufflation belt, includes all supplies and accessories	<a href="#">Blue Cross NC</a>		10/1/2021	Effective 1/1/2024 use A4468
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	<a href="#">Blue Cross NC</a>		10/1/2021	Effective 1/1/2024 use L5926
K1023(i)	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	<a href="#">Blue Cross NC</a>		10/1/2021	Effective 1/1/2024 use A4540
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	<a href="#">Blue Cross NC</a>		10/1/2021	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
K1028(i)	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	<a href="#">Blue Cross NC</a>		4/1/2022	Effective 1/1/2024 use E0492
K1029(i)	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	<a href="#">Blue Cross NC</a>		4/1/2022	Effective 1/1/2024 use E0493
K1030(i)	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	<a href="#">Blue Cross NC</a>		4/1/2022	
K1037(i)	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	<a href="#">Blue Cross NC</a>		4/1/2024	
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	<a href="#">Blue Cross NC</a>		1/1/2020	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	<a href="#">Blue Cross NC</a>		1/1/2024	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	<a href="#">Blue Cross NC</a>		7/1/2005	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	<a href="#">Blue Cross NC</a>		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	<a href="#">Blue Cross NC</a>		7/1/2005	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	<a href="#">Blue Cross NC</a>		1/1/2006	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	<a href="#">Blue Cross NC</a>		1/1/2013	
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	<a href="#">Blue Cross NC</a>		1/1/2024	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	<a href="#">Blue Cross NC</a>		1/1/2014	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	<a href="#">Blue Cross NC</a>		1/1/2010	
L5991(i)	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	<a href="#">Blue Cross NC</a>		10/1/2023	
L5999	Lower extremity prosthesis, not otherwise specified <b>***WITH PURCHASE PRICE OF \$10,000 AND ABOVE***</b>	<a href="#">Blue Cross NC</a>	1/1/2014	4/1/2014	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	<a href="#">Blue Cross NC</a>		1/1/2015	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	<a href="#">Blue Cross NC</a>		1/1/2007	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	<a href="#">Blue Cross NC</a>		1/1/2006	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	<a href="#">Blue Cross NC</a>		7/1/2005	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	<a href="#">Blue Cross NC</a>		7/1/2005	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	<a href="#">Blue Cross NC</a>		7/1/2005	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	<a href="#">Blue Cross NC</a>		7/1/2005	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement.[for partial hand prosthesis using these digits, would also report L6025 and L6890 for the glove] unit allowable limit-2.	<a href="#">Blue Cross NC</a>		1/1/2012	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	<a href="#">Blue Cross NC</a>		1/1/2012	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	<a href="#">Blue Cross NC</a>		1/1/2006	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	<a href="#">Blue Cross NC</a>		1/1/2006	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L7007	Electric hand, switch or myoelectric controlled, adult	<a href="#">Blue Cross NC</a>		1/1/2007	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	<a href="#">Blue Cross NC</a>		1/1/2007	
L7009	Electric hook, switch or myoelectric controlled, adult	<a href="#">Blue Cross NC</a>		1/1/2007	
L7040	Prehensile actuator, switch controlled	<a href="#">Blue Cross NC</a>		7/1/2005	
L7045	Electric hook, switch or myoelectric controlled, pediatric	<a href="#">Blue Cross NC</a>	4/1/2013	7/1/2013	
L7170	Electronic elbow, hosmer or equal, switch controlled	<a href="#">Blue Cross NC</a>		7/1/2005	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	<a href="#">Blue Cross NC</a>		7/1/2005	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	<a href="#">Blue Cross NC</a>	4/1/2013	7/1/2013	
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	<a href="#">Blue Cross NC</a>		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L7186	Electronic elbow, child, variety village or equal, switch controlled	<a href="#">Blue Cross NC</a>		7/1/2005	
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	<a href="#">Blue Cross NC</a>		7/1/2005	
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	<a href="#">Blue Cross NC</a>		7/1/2005	
L7259	Electronic wrist rotator, any type	<a href="#">Blue Cross NC</a>		1/1/2015	
L7367	Lithium ion battery, rechargeable, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L7368	Lithium ion battery charger, replacement only	<a href="#">Blue Cross NC</a>		7/1/2005	
L7499	Upper extremity prosthesis, not otherwise specified <b>***WITH PURCHASE PRICE OF \$10,000 AND ABOVE***</b>	<a href="#">Blue Cross NC</a>	1/1/2014	4/1/2014	
L8600	Implantable breast prosthesis, silicone or equal	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
L8605(i)	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	<a href="#">Blue Cross NC</a>	1/1/2014	4/1/2014	
L8614	Cochlear device, includes all internal and external components	<a href="#">Blue Cross NC</a>		7/1/2005	
L8615	Headset/headpiece for use with cochlear implant device, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L8616	Microphone for use with cochlear implant device, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L8617	Transmitting coil for use with cochlear implant device, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	<a href="#">Blue Cross NC</a>		7/1/2005	
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	<a href="#">Blue Cross NC</a>		7/1/2005	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	<a href="#">Blue Cross NC</a>		7/1/2005	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	<a href="#">Blue Cross NC</a>		1/1/2006	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	<a href="#">Blue Cross NC</a>		1/1/2006	
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	<a href="#">Blue Cross NC</a>		1/1/2018	
L8627	Cochlear implant, external speech processor, component, replacement	<a href="#">Blue Cross NC</a>		1/1/2010	
L8628	Cochlear implant, external controller component, replacement	<a href="#">Blue Cross NC</a>		1/1/2010	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	<a href="#">Blue Cross NC</a>		1/1/2010	
L8678(i)	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	<a href="#">Blue Cross NC</a>		4/1/2023	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	<a href="#">Blue Cross NC</a>	4/1/2024	7/1/2024	
L8690	Auditory osseointegrated device, includes all internal and external components <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2007	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2007	
L8693	Auditory Osseointegrated Device abutment, any length, replacement only <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2011	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each <b>(Duke ASO group only)</b>	<a href="#">Blue Cross NC</a>		1/1/2018	
L8695(i)	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) (when used for Occipital Nerve Stimulation)	<a href="#">Blue Cross NC</a>	4/1/2022	7/1/2022	
L8701(i)	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	<a href="#">Blue Cross NC</a>		1/1/2019	
L8702(i)	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	<a href="#">Blue Cross NC</a>		1/1/2019	

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L8720(i)	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	<a href="#">Blue Cross NC</a>		10/1/2024	
L8721(i)	Receptor sole for use with l8720, replacement, each	<a href="#">Blue Cross NC</a>		10/1/2024	
P9020 [i]	Platelet rich plasma, each unit	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg ( <b>Feraheme</b> )	<a href="#">MHK</a>	7/1/2021	10/1/2021	3/31/2023
Q2026	Injection, Radiesse, 0.1 ml	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
Q2028	Injection, sculptra, 0.5 mg	<a href="#">Blue Cross NC</a>	7/1/2015	10/1/2015	
Q2041	Axicabtagene Ciloleucel, up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	<a href="#">MHK</a>		4/1/2018	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<a href="#">MHK</a>		1/1/2019	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose ( <b>Tecartus</b> )	<a href="#">MHK</a>		4/1/2021	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose. ( <b>Breyanzi</b> )	<a href="#">MHK</a>		10/1/2021	
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<a href="#">MHK</a>		1/1/2022	
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”	<a href="#">MHK</a>		10/1/2022	
Q4074	Iloprost, inhalation Solution, non-compounded, up to 20 mcg unit dose form administered through dme	<a href="#">MHK</a>		4/1/2011	
Q5103	Injection, infliximab-dyyb, biosimilar, ( <b>inflectra</b> ), 10 mg	<a href="#">MHK</a>		4/1/2018	

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Q5104	Injection, infliximab-abda, biosimilar, ( <b>Renflexis</b> ), 10 mg	<a href="#">MHK</a>		4/1/2018	
Q5106	Injection, epoetin alfa, biosimilar, ( <b>Retacrit</b> ) (for non-esrd use), 1000 units	<a href="#">MHK</a>	4/1/2022	7/1/2022	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar,( <b>Fulphila™</b> ), 0.5 mg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	3/31/2024
Q5109	Injection, infliximab-qbtq, biosimilar, ( <b>Ixifi</b> ), 10 mg	<a href="#">MHK</a>		1/1/2019	
Q5111	Injection, pegfilgrastim-cbqv ( <b>udenyca</b> ), biosimilar, 0.5 mg	<a href="#">MHK</a>	1/1/2024	4/1/2024	
Q5112	Injection, trastuzumab-dttb, biosimilar, ( <b>Ontruzant</b> ), 10 mg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
Q5113	Injection, trastuzumab-pkrb, biosimilar, ( <b>Herzuma</b> ), 10 mg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	
Q5114	Injection, trastuzumab-dkst, biosimilar, ( <b>ogivri</b> ), 10 mg	<a href="#">MHK</a>	1/1/2024	4/1/2024	
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg ( <b>Truxima</b> ) <b>(prior review required for the diagnosis OF RHEUMATOID Arthritis.</b>	<a href="#">MHK</a>	7/1/2020	10/1/2020	
Q5116	Injection, trastuzumab-qyyp, biosimilar, ( <b>trazimera</b> ), 10 mg <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	3/31/2024
Q5119	Injection, rituximab-pvvr, biosimilar, ( <b>Ruxience</b> ), 10 mg <b>Prior review required for the diagnosis OF RHEUMATOID Arthritis.</b>	<a href="#">MHK</a>	7/1/2020	10/1/2020	
Q5120	Injection, pegfilgrastim-bmez ( <b>ziextenzo</b> ), biosimilar, 0.5 mg	<a href="#">MHK</a>	1/1/2024	4/1/2024	
Q5121	Injection,Infliximab-axxq , biosimilar,( <b>Avsola</b> ), 10mg	<a href="#">MHK</a>		7/1/2020	
Q5122	Injection, pegfilgrastim-apgf, biosimilar 0.5 mg, <b>(Nyvepria)</b> <b>OUTPATIENT AND PROFESSIONAL USE</b>	<a href="#">MHK</a>		6/1/2022	3/31/2024

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Q5123	Injection, rituximab-arrx, biosimilar, ( <b>Riabni</b> ), 10 mg <b>Prior review required for the diagnosis OF RHEUMATOID Arthritis.</b>	<a href="#">MHK</a>		7/1/2021	
Q5123	Injection, rituximab-arrx, biosimilar, ( <b>Riabni</b> ), 10 mg <b>OUTPATIENT AND PROFESSIONAL USE (Oncology diagnoses only)</b>	<a href="#">MHK</a>		6/1/2022	
Q5124	Injection, ranibizumab-nuna, biosimilar, ( <b>Byooviz</b> ), 0.1 mg	<a href="#">MHK</a>		4/1/2022	
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	<a href="#">MHK</a>		10/1/2022	
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	<a href="#">MHK</a>		1/1/2023	
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	<a href="#">MHK</a>		4/1/2023	
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	<a href="#">MHK</a>		4/1/2023	
Q5129	Injection, bevacizumab-adcd (vezzelma), biosimilar, 10 mg	<a href="#">MHK</a>		4/1/2023	
Q5130	Injection, pegfilgrastim-pbbk (flyntra), biosimilar, 0.5 mg	<a href="#">MHK</a>		4/1/2023	
Q5133	Injection, tocilizumab-bavi ( <b>tofidence</b> ), biosimilar, 1 mg	<a href="#">MHK</a>		4/1/2024	
Q5134	Injection, natalizumab-sztn ( <b>tyruko</b> ), biosimilar, 1 mg	<a href="#">MHK</a>		4/1/2024	
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	<a href="#">MHK</a>		10/1/2024	
Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg (Non-concology indications)	<a href="#">MHK</a>		10/1/2024	
Q5137	Injection, ustekinumab-auub ( <b>wezlana</b> ), biosimilar, subcutaneous, 1 mg	<a href="#">MHK</a>		7/1/2024	
Q5138	Injection, ustekinumab-auub ( <b>wezlana</b> ), biosimilar, intravenous, 1 mg	<a href="#">MHK</a>		7/1/2024	
Q9991	Injection, buprenorphine extended-release ( <b>Sublocade</b> ), less than or equal to 100 mg	<a href="#">MHK</a>		7/1/2018	
Q9992	Injection, buprenorphine extended-release ( <b>Sublocade</b> ), greater than 100 mg	<a href="#">MHK</a>		7/1/2018	
S0013	Esketamine, nasal spray, 1 mg ( <b>Spravato</b> )	<a href="#">MHK</a>		1/1/2021	
S0189	Testosterone pellet, 75mg	<a href="#">MHK</a>	10/1/2015	1/1/2016	

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S0201	Partial hospitalization services, less than 24 hours, per diem	<a href="#">Blue Cross NC</a>	4/1/2024	8/1/2024	
S1091	Stent, non-coronary, temporary, with delivery system <b>(Propel)</b>	<a href="#">Blue Cross NC</a>		4/1/2021	
S2053	Transplantation of small intestine and liver allografts	<a href="#">Blue Cross NC</a>		1/1/2009	
S2054	Transplantation of multivisceral organs	<a href="#">Blue Cross NC</a>		1/1/2006	
S2065	Simultaneous pancreas kidney transplantation (Some plans may have specific benefit considerations. Prior authorization is required before proceeding with transplant workup, evaluation, listing, and or hospital admission.. Contact BCBSNC transplant line @ 919.765.2942 for benefit verification and eligibility.)	<a href="#">Blue Cross NC</a>		7/1/2005	
S2080	Laser-assisted uvulopalatoplasty (laup)	<a href="#">Blue Cross NC</a>		7/1/2005	
S2102	Islet cell tissue transplant from pancreas; allogeneic	<a href="#">Blue Cross NC</a>		7/1/2008	
S2112	Arthroscopy, knee, surgical or harvesting of cartilage, (chondrocyte cells)	<a href="#">Blue Cross NC</a>		10/1/2006	<b>9/30/2023 Auth though Carelon as of 10/1 for fully insured groups</b>
S2112	Arthroscopy, knee, surgical or harvesting of cartilage, (chondrocyte cells) <b>(ASO MEMBERS ONLY)</b>	<a href="#">Blue Cross NC</a>		10/1/2023	
S2117 [i]	Arthroereisis, subtalar	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	<a href="#">Blue Cross NC</a>		7/1/2005	
S2230 [i]	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
S2348(i)	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	<a href="#">Blue Cross NC</a>		1/1/2012	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	<a href="#">AVALON</a>	1/1/2019	4/1/2019	

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S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3841	Genetic testing for retinoblastoma	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3842	Genetic testing for Von Hippel-Lindau disease	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3845	Genetic testing for alpha thalassemia	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3846	Genetic testing for hemoglobin E beta-thalassemia	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3849	Genetic testing for Niemann-Pick disease	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3850	Genetic testing for sickle cell anemia	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3853	Genetic testing for muscular dystrophy	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder, intellectual disability and/or mental retardation	<a href="#">AVALON</a>	1/1/2019	4/1/2019	
S5110	Home care training, family; per 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2006	
S5111	Home care training, family; per session	<a href="#">Blue Cross NC</a>		1/1/2006	
S5115	Home care training, non-family; per 15 minutes	<a href="#">Blue Cross NC</a>		1/1/2006	
S5116	Home care training, non-family; per session	<a href="#">Blue Cross NC</a>		1/1/2006	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	<a href="#">Blue Cross NC</a>	4/1/2013	7/1/2013	
S8035	Magnetic source imaging	<a href="#">Blue Cross NC</a>		10/4/2008	
S8130(i)	Interferential current stimulator, 2 channel	<a href="#">Blue Cross NC</a>		1/1/2012	
S8131(i)	Interferential current stimulator, 4 channel	<a href="#">Blue Cross NC</a>		1/1/2012	

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S8948 [i]	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	10/31/2024 Auth though Carelon as of 11/1 for fully insured groups
S8948 [i]	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes <b>(ASO Members Only)</b>	<a href="#">Blue Cross NC</a>		12/1/2024	
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<a href="#">Blue Cross NC</a>		1/1/2006	
S9090 [i]	Vertebral axial decompression, per session	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	
S9097	Home visit for wound care	<a href="#">Blue Cross NC</a>		1/1/2006	
S9098	Home visit, phototherapy services (e.g., bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	<a href="#">Blue Cross NC</a>		7/5/2009	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	<a href="#">Blue Cross NC</a>		1/1/2006	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	<a href="#">Blue Cross NC</a>		7/1/2005	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	<a href="#">Blue Cross NC</a>		1/1/2006	
S9125	Respite care, in the home, per diem	<a href="#">Blue Cross NC</a>		1/1/2006	
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	<a href="#">Blue Cross NC</a>		7/9/2005	

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S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	<a href="#">Blue Cross NC</a>		1/1/2005	
S9480	Intensive outpatient psychiatric services, per diem	<a href="#">Blue Cross NC</a>	4/1/2024	8/1/2024	
S9484	Crisis intervention mental health services, per hour	<a href="#">Blue Cross NC</a>	10/1/2024	1/1/2025	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem) (do not use this code with home infusion codes for hourly dosing schedules <b>(For Treatment of Lyme Disease only)</b> )	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	

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S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem <b>(For Treatment of Lyme Disease only)</b>	<a href="#">Blue Cross NC</a>	7/1/2024	10/1/2024	
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<a href="#">Blue Cross NC</a>		4/1/2023	
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<a href="#">Blue Cross NC</a>		1/1/2006	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	<a href="#">Blue Cross NC</a>		1/1/2014	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	<a href="#">Blue Cross NC</a>		1/1/2014	
V5095 [i]	Semi-implantable middle ear hearing prosthesis	<a href="#">Blue Cross NC</a>	7/1/2020	10/1/2020	

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