

Effective 1/1/2023, the PPA lists for AIM Oncology and AIM Sleep Study will be combined with the DIM PPA list. Avalon, Cover My Meds and the general PPA codes will remain on one list.

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

CMM=Cover My Meds

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 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 ore 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	Blue Cross NC		4/1/2006	
0551	SKILLED NURSING – HH	Blue Cross NC		1/1/2005	
0552	PRIVATE DUTY NURSING – RN	Blue Cross NC		1/1/2005	
0559	PRIVATE DUTY NURSING – LPN	Blue Cross NC		1/1/2005	
0570	HOME HEALTH AIDE – HH	Blue Cross NC		1/1/2005	
0571	HOME HEALTH AIDE – HOURLY CHARGE – PDN	Blue Cross NC		1/1/2005	
0870	General Classification	CMM		4/1/2019	
0871	Cell Collection	CMM		4/1/2019	
0872	Specialized Biologic Processing and Storage - Prior to Transport	CMM		4/1/2019	
0873	Storage and Processing after Receipt of Cells from Manufacturer	CMM		4/1/2019	
0874	Infusion of Modified Cells	CMM		4/1/2019	
0875	Injection of Modified Cells	CMM		4/1/2019	
11971	Removal of tissue expander(s) without insertion of prosthesis	Blue Cross NC		7/1/2005	
15786	Abrasion; single lesion (eg, keratosis, scar)	Blue Cross NC		7/1/2005	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Blue Cross NC		7/1/2005	
15819	Cervicoplasty	Blue Cross NC		10/1/2006	
15820	Blepharoplasty, lower eyelid;	Blue Cross NC		7/1/2005	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Blue Cross NC		7/1/2005	
15822	Blepharoplasty, upper eyelid;	Blue Cross NC		7/1/2005	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Blue Cross NC		7/1/2005	
15824	Rhytidectomy; forehead	Blue Cross NC		7/1/2005	

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15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Blue Cross NC	7/1/2015	10/1/2015	
15826	Rhytidectomy; glabellar frown lines	Blue Cross NC	7/1/2015	10/1/2015	
15828	Rhytidectomy; cheek, chin, and neck	Blue Cross NC	7/1/2015	10/1/2015	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Blue Cross NC	7/1/2015	10/1/2015	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Blue Cross NC		1/1/2007	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Blue Cross NC		1/1/2006	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Blue Cross NC		1/1/2006	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Blue Cross NC		1/1/2006	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Blue Cross NC		1/1/2006	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Blue Cross NC		1/1/2006	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Blue Cross NC		1/1/2006	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Blue Cross NC		1/1/2006	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Blue Cross NC		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)	Blue Cross NC		1/1/2007	
15876	Suction assisted lipectomy; head and neck	Blue Cross NC	7/1/2015	10/1/2015	
15877	Suction assisted lipectomy; trunk	Blue Cross NC		7/1/2007	
15878	Suction assisted lipectomy; upper extremity	Blue Cross NC		7/1/2008	

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15879	Suction assisted lipectomy; lower extremity	Blue Cross NC	7/1/2015	10/1/2015	
19300	Mastectomy for gynecomastia	Blue Cross NC		1/1/2007	
19316	Mastopexy	Blue Cross NC		7/1/2005	
19318	Reduction mammoplasty	Blue Cross NC		7/1/2005	
19324	Mammoplasty, augmentation; without prosthetic implant	Blue Cross NC	10/1/2016	1/1/2017	
19325	Mammoplasty, augmentation; with prosthetic implant	Blue Cross NC	7/1/2021	10/1/2021	
19355	Correction of inverted nipples	Blue Cross NC		7/1/2005	
19370	Open periprosthetic capsulotomy, breast	Blue Cross NC	7/1/2022	10/1/2022	
19371	Periprosthetic capsulectomy, breast	Blue Cross NC	7/1/2022	10/1/2022	
19499	Unlisted procedure, breast	Blue Cross NC		7/1/2005	
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)	Blue Cross NC	7/1/2020	10/1/2020	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Blue Cross NC		7/1/2005	
20985 [i]	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Blue Cross NC	7/1/2020	10/1/2020	
21010	Arthrotomy, temporomandibular joint	Blue Cross NC		7/1/2008	
21050	Condylectomy, temporomandibular joint (separate procedure)	Blue Cross NC		7/1/2008	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)	Blue Cross NC	10/1/2020	1/1/2021	
21089	Unlisted maxillofacial prosthetic procedure	Blue Cross NC		7/1/2005	

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21121	Genioplasty; sliding osteotomy, single piece	Blue Cross NC		7/1/2005	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Blue Cross NC		7/1/2005	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Blue Cross NC		7/1/2005	
21125	Augmentation, mandibular body or angle; prosthetic material	Blue Cross NC		7/1/2005	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Blue Cross NC		7/1/2005	
21137	Reduction forehead; contouring only	Blue Cross NC	7/1/2015	10/1/2015	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Blue Cross NC	7/1/2015	10/1/2015	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Blue Cross NC	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	Blue Cross NC		7/1/2005	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Blue Cross NC		7/1/2005	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Blue Cross NC		7/1/2005	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Blue Cross NC		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)	Blue Cross NC		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)	Blue Cross NC		7/1/2005	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Blue Cross NC		7/1/2005	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Blue Cross NC		7/1/2005	

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21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Blue Cross NC		7/1/2005	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		7/1/2005	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Blue Cross NC		7/1/2005	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Blue Cross NC		7/1/2005	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Blue Cross NC		7/1/2005	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Blue Cross NC		7/1/2005	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Blue Cross NC		7/1/2005	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Blue Cross NC		7/1/2005	
21198	Osteotomy, mandible, segmental;	Blue Cross NC		7/1/2005	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Blue Cross NC		7/1/2005	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Blue Cross NC		7/1/2005	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Blue Cross NC		7/1/2005	
21209	Osteoplasty, facial bones; reduction	Blue Cross NC		7/1/2005	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Blue Cross NC		7/1/2005	
21215	Graft, bone; mandible (includes obtaining graft)	Blue Cross NC		7/1/2005	

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21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Blue Cross NC		7/1/2008	
21242	Arthroplasty, temporomandibular joint, with allograft	Blue Cross NC		7/1/2008	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Blue Cross NC		7/1/2008	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Blue Cross NC		7/1/2005	
21270	Malar augmentation, prosthetic material	Blue Cross NC		7/1/2005	
21280	Medial canthopexy (separate procedure)	Blue Cross NC		7/1/2005	
21299	Unlisted craniofacial and maxillofacial procedure	Blue Cross NC		7/1/2005	
21685	Hyoid myotomy and suspension	Blue Cross NC		7/1/2005	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Blue Cross NC		7/1/2005	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Blue Cross NC		1/1/2006	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Blue Cross NC		1/1/2006	
22526(i)	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Blue Cross NC		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)	Blue Cross NC		1/1/2007	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Blue Cross NC		1/1/2011	
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) (FOR LUMBAR FUSION PROCEDURES ONLY)	Blue Cross NC		1/1/2011	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Blue Cross NC	7/1/2022	10/1/2022	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Blue Cross NC	7/1/2022	10/1/2022	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Blue Cross NC	7/1/2022	10/1/2022	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Blue Cross NC		1/1/2011	
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) (FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures)	Blue Cross NC		1/1/2011	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Blue Cross NC	7/1/2022	10/1/2022	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Blue Cross NC		1/1/2011	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) (FOR LUMBAR FUSION PROCEDURES ONLY-Effective 10/1/22 PA also required for Cervical Fusion Procedures)	Blue Cross NC		1/1/2011	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Blue Cross NC		1/1/2011	
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) (FOR LUMBAR FUSION PROCEDURES ONLY)	Blue Cross NC		1/1/2011	

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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	Blue Cross NC		1/1/2012	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) (FOR LUMBAR FUSION PROCEDURES ONLY)	Blue Cross NC		1/1/2012	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Blue Cross NC	7/1/2022	10/1/2022	
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	Blue Cross NC		1/1/2009	
22857(i)	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Blue Cross NC		1/1/2007	
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)	Blue Cross NC		1/1/2015	
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)	Blue Cross NC		1/1/2023	
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICAIL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Blue Cross NC		1/1/2009	
22862(i)	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	Blue Cross NC		1/1/2007	
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Blue Cross NC		1/1/2009	

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22865(i)	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	Blue Cross NC		1/1/2007	
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Blue Cross NC		1/1/2015	
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Blue Cross NC	1/1/2013	4/1/2013	
27299	Unlisted PROCEDURE, Pelvis, or HIP JOINT. PLEASE NOTE, PPA is needed ONLY for SI Joint Fusion.	Blue Cross NC		1/1/2010	
27412	Autologous chondrocyte implantation, knee	Blue Cross NC		10/1/2006	
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE OPEN	Blue Cross NC		7/1/2008	
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	Blue Cross NC		1/1/2006	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Blue Cross NC		1/1/2010	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Blue Cross NC		4/1/2009	
29867	OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	Blue Cross NC		1/1/2005	
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/ORELEVATION OF NASAL TIP	Blue Cross NC		7/1/2005	
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Blue Cross NC		7/1/2005	
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Blue Cross NC		7/1/2005	
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OFNASAL TIP WORK)	Blue Cross NC		7/1/2005	
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORKWITH OSTEOTOMIES)	Blue Cross NC		7/1/2005	
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	Blue Cross NC		7/1/2005	

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30468(i)	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Blue Cross NC		4/1/2021	
30469(i)	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Blue Cross NC		1/1/2023	
31200(i)	ETHMOIDECTOMY; INTRANASAL, ANTERIOR (when used for Surgical Treatment of Migraine Headache)	Blue Cross NC	4/1/2022	7/1/2022	
31201(i)	ETHMOIDECTOMY; INTRANASAL, TOTAL (when used for Surgical Treatment of Migraine Headache)	Blue Cross NC	4/1/2022	7/1/2022	
31205(i)	ETHMOIDECTOMY; EXTRANASAL, TOTAL (when used for Surgical Treatment of Migraine Headache)	Blue Cross NC	4/1/2022	7/1/2022	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Blue Cross NC		1/1/2018	
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	Blue Cross NC		7/1/2010	
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL(ANTERIOR AND POSTERIOR)	Blue Cross NC		7/1/2010	
31256	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY;	Blue Cross NC		7/1/2010	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Blue Cross NC		1/1/2018	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Blue Cross NC		1/1/2018	
31267	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Blue Cross NC		7/1/2010	
31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Blue Cross NC		7/1/2010	
31287	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH SPHENOIDOTOMY;	Blue Cross NC		7/1/2010	
31288	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Blue Cross NC		7/1/2010	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine	Blue Cross NC		10/1/2011	

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31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)	Blue Cross NC		10/1/2011	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)	Blue Cross NC		10/1/2011	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Blue Cross NC		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	Blue Cross NC	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])	Blue Cross NC	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)	Blue Cross NC	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])	Blue Cross NC	7/1/2020	10/1/2020	
31660(i)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Blue Cross NC	7/1/2014	10/1/2014	
31661(l)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Blue Cross NC	7/1/2014	10/1/2014	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	Blue Cross NC		7/1/2005	
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	Blue Cross NC		7/1/2005	
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	Blue Cross NC		7/1/2005	
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	Blue Cross NC		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33267	EXCLUSION OF LEFT ATRIAL APPENDAGE, OPEN, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PLICATION, CLIP)	Blue Cross NC		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)	Blue Cross NC		1/1/2022	
33269	EXCLUSION OF LEFT ATRIAL APPENDAGE, THORACOSCOPIC, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PLICATION, CLIP)	Blue Cross NC		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	Blue Cross NC		1/1/2019	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Blue Cross NC		1/1/2019	
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	Blue Cross NC		1/1/2017	
33930	DONOR CARDIECTOMY-PNEUMONECTOMY, (INCLUDING COLD PRESERVATION)	Blue Cross NC		7/1/2005	
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	Blue Cross NC		7/1/2005	
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	Blue Cross NC		7/1/2005	
36522	Photopheresis, extracorporeal	Blue Cross NC		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	Blue Cross NC		4/1/2006	

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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	Blue Cross NC		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	Blue Cross NC	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	Blue Cross NC		1/1/2015	
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) (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)	Blue Cross NC		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 (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)	Blue Cross NC		1/1/2014	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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 (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)	Blue Cross NC		1/1/2014	
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION: Allogeneic	Blue Cross NC		7/1/2005	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION: Autologous	Blue Cross NC		1/1/2012	
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	Blue Cross NC		7/1/2005	
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	Blue Cross NC		7/1/2005	
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	Blue Cross NC		1/1/2013	
38999	Unlisted procedure, hemic or lymphatic system	Blue Cross NC	10/1/2018	1/1/2019	
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	Blue Cross NC		7/1/2005	
41512(i)	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	Blue Cross NC		1/1/2009	
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	Blue Cross NC		1/1/2009	
41599(i)	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH (when used for Tongue Base Ablation)	Blue Cross NC	4/1/2022	7/1/2022	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Blue Cross NC		7/1/2005	
42299	UNLISTED PROCEDURE, PALATE, UVULA	Blue Cross NC		7/1/2005	
43210 [i]	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Blue Cross NC	7/1/2020	10/1/2020	

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43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Blue Cross NC	7/1/2020	10/1/2020	
43285 [i]	Removal of esophageal sphincter augmentation device	Blue Cross NC	7/1/2020	10/1/2020	
43290(i)	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Blue Cross NC		1/1/2023	
43291(i)	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Blue Cross NC		1/1/2023	
43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL (IE, PERORAL ENDOSCOPIC MYOTOMY [POEM])	Blue Cross NC		1/1/2022	
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	Blue Cross NC		7/1/2005	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Blue Cross NC		7/1/2005	
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Blue Cross NC		7/1/2005	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Blue Cross NC		1/1/2007	
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Blue Cross NC		1/1/2007	
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Blue Cross NC		7/1/2005	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND (GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	Blue Cross NC		1/1/2006	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Blue Cross NC		1/1/2006	
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Blue Cross NC		1/1/2006	
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	Blue Cross NC		1/1/2006	

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43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS	Blue Cross NC		1/1/2006	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (ie, SLEEVE GASTRECTOMY)	Blue Cross NC		1/1/2010	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY	Blue Cross NC		7/1/2005	
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY	Blue Cross NC		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)	Blue Cross NC		7/1/2005	
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY	Blue Cross NC		7/1/2005	
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Blue Cross NC		7/1/2005	
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC BAND (SEPARATE PROCEDURE)	Blue Cross NC		7/1/2005	
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Blue Cross NC		1/1/2007	
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Blue Cross NC		1/1/2007	
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	Blue Cross NC		1/1/2006	
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	Blue Cross NC		1/1/2006	
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	Blue Cross NC		7/1/2005	
43999	UNLISTED PROCEDURE, STOMACH	Blue Cross NC		7/1/2005	
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR	Blue Cross NC		7/1/2008	

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44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN;PARTIAL, FROM LIVING DONOR	Blue Cross NC		7/1/2008	
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	Blue Cross NC		7/1/2005	
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	Blue Cross NC		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)	Blue Cross NC	4/1/2016	7/1/2016	
44715	BACKBENCH STANDARD PREPATATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING MOBILIZATION AND FASHINIONG OF THE SUPERIOR MESENTERIC ARTERY AND VEIN	Blue Cross NC		7/1/2008	
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	Blue Cross NC		7/1/2008	
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION ARTERIAL ANASTOMOSIS, EACH	Blue Cross NC		7/1/2008	
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	Blue Cross NC		7/1/2005	
47383 [i]	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Blue Cross NC	7/1/2020	10/1/2020	
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER (PPA REQUIRED ONLY WHEN USED FOR MORBID OBESITY)	Blue Cross NC	10/1/2016	1/1/2017	
47399	UNLISTED PROCECURE, LIVER (PPA REQUIRED ONLY WHEN USED FOR LIVER TRANSPLANTATION HETEROTOPIC)	Blue Cross NC		1/1/2019	
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS	Blue Cross NC		7/1/2005	
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	Blue Cross NC		7/1/2005	
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN ,PERITONEUM AND OMENTUM (PPA REQUIRED ONLY WHEN USED FOR MORBID OBESITY)	Blue Cross NC	10/1/2016	1/1/2017	

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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.. Contact BCBSNC transplant line @ 919.765.2942 for benefit verification and eligibility)	Blue Cross NC	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.. Contact BCBSNC transplant line @ 919.765.2942 for benefit verification and eligibility)	Blue Cross NC	1/1/2021	4/1/2021	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Blue Cross NC	4/1/2018	7/1/2018	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure	Blue Cross NC	4/1/2018	7/1/2018	
53451(i)	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; BILATERAL INSERTION, INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE	Blue Cross NC		1/1/2022	
53452(i)	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; UNILATERAL INSERTION, INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE	Blue Cross NC		1/1/2022	
53453(i)	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; REMOVAL, EACH BALLOON	Blue Cross NC		1/1/2022	
53454(i)	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; PERCUTANEOUS ADJUSTMENT OF BALLOON(S) FLUID VOLUME	Blue Cross NC		1/1/2022	
53899(i)	UNLISTED PROCEDURE, URINARY SYSTEM (when used for Water Induced Thermotherapy)	Blue Cross NC	4/1/2022	7/1/2022	
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	Blue Cross NC	10/1/2016	1/1/2017	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring	Blue Cross NC	1/1/2022	4/1/2022	

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55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Blue Cross NC	4/1/2019	7/1/2019	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Blue Cross NC		1/1/2021	
55970	INTERSEX SURGERY; MALE TO FEMALE	Blue Cross NC	10/1/2016	1/1/2017	
55980	INTERSEX SURGERY; FEMALE TO MALE	Blue Cross NC	10/1/2016	1/1/2017	
56800	PLASTIC REPAIR OF INTROITUS	Blue Cross NC	10/1/2016	1/1/2017	
56805	CLITOROPLASTY FOR INTERSEX STATE	Blue Cross NC	10/1/2016	1/1/2017	
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	Blue Cross NC		1/1/2005	
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Blue Cross NC		7/1/2005	
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; VAGINAL APPROACH	Blue Cross NC	10/1/2016	1/1/2017	
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	Blue Cross NC		1/1/2007	
57335	VAGINOPLASTY FOR INTERSEX STATE	Blue Cross NC	10/1/2016	1/1/2017	
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	Blue Cross NC		1/1/2010	
58578(i)	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS (when used for Laparoscopic Uterosacral Nerve Ablation)	Blue Cross NC	4/1/2022	7/1/2022	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Blue Cross NC	4/1/2020	7/1/2020	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Blue Cross NC	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	Blue Cross NC		1/1/2022	

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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)	Blue Cross NC		1/1/2022	

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61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIALNEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Blue Cross NC	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	Blue Cross NC	10/1/2020	1/1/2021	
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSEGENERATOR OR RECEIVER	Blue Cross NC	10/1/2020	1/1/2021	
62287(i)	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, Utilizing needle based technique to remove disc material under fluroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and /or epidural injection(s) at the treated level(s) when performed, single or multiple levels, lumbar	Blue Cross NC		7/1/2005	
62292(i)	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE OR MULTIPLE LEVELS, LUMBAR	Blue Cross NC	4/1/2022	7/1/2022	9/30/2022
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	Blue Cross NC		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	Blue Cross NC	7/1/2022	10/1/2022	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Blue Cross NC	7/1/2022	10/1/2022	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Blue Cross NC	7/1/2022	10/1/2022	
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)	Blue Cross NC	7/1/2022	10/1/2022	

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63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Blue Cross NC	7/1/2022	10/1/2022	
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	Blue Cross NC	7/1/2022	10/1/2022	
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	Blue Cross NC	7/1/2022	10/1/2022	
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)	Blue Cross NC	7/1/2022	10/1/2022	
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)	Blue Cross NC	7/1/2022	10/1/2022	
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)	Blue Cross NC	7/1/2022	10/1/2022	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	Blue Cross NC	7/1/2022	10/1/2022	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Blue Cross NC	7/1/2022	10/1/2022	
63200	Laminectomy, with release of tethered spinal cord, lumbar	Blue Cross NC	7/1/2022	10/1/2022	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Blue Cross NC	7/1/2022	10/1/2022	

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63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Blue Cross NC	7/1/2022	10/1/2022	
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	Blue Cross NC		7/1/2008	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Blue Cross NC		7/1/2008	
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Blue Cross NC		1/1/2010	
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Blue Cross NC		1/1/2010	
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Blue Cross NC		1/1/2010	

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63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Blue Cross NC		1/1/2010	
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Blue Cross NC		7/1/2008	
63688	REVISION OR REMOVAL O IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	Blue Cross NC		7/1/2008	
64454 [i]	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Blue Cross NC	7/1/2020	10/1/2020	
64505 [i]	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	Blue Cross NC	7/1/2020	10/1/2020	
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	Blue Cross NC	10/1/2020	1/1/2021	
64555(i)	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Blue Cross NC	4/1/2022	7/1/2022	

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64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED	Blue Cross NC	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)	Blue Cross NC	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	Blue Cross NC	10/1/2020	1/1/2021	
64580	Incision for implantation of neurostimulator electrode Array; neuromuscular	Blue Cross NC		10/1/2006	
64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	Blue Cross NC		1/1/2022	12/31/2022 Auth though AIM 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 (SHP Members only)	Blue Cross NC	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	Blue Cross NC		1/1/2022	12/31/2022 Auth though AIM as of 1/1 for applicable groups
64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR (SHP Members only)	Blue Cross NC	10/1/2022	1/1/2023	
64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	Blue Cross NC		1/1/2022	12/31/2022 Auth though AIM as of 1/1 for applicable groups
64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY (SHP Members only)	Blue Cross NC	10/1/2022	1/1/2023	

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64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Blue Cross NC	10/1/2020	1/1/2021	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Blue Cross NC	10/1/2020	1/1/2021	
64624 [i]	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Blue Cross NC	7/1/2020	10/1/2020	
64625 [i]	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Blue Cross NC	7/1/2020	10/1/2020	
64628(i)	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	Blue Cross NC		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)	Blue Cross NC		1/1/2022	
64632 [i]	Destruction by neurolytic agent; plantar common digital nerve	Blue Cross NC	7/1/2020	10/1/2020	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluoroscopy or CT);Cervical or thoracic, single facet joint	Blue Cross NC	1/1/2012	4/1/2012	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluoroscopy or CT);Cervical or thoracic, Each additional facet joint (list seperately in addition to code for primary procedure)	Blue Cross NC	1/1/2012	4/1/2012	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluoroscopy or CT);Lumbar or sacral, single facet joint	Blue Cross NC	1/1/2012	4/1/2012	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluoroscopy or CT);Lumbar or sacral, Each additional facet joint (list seperately in addition to code for primacy procedure)	Blue Cross NC	1/1/2012	4/1/2012	
64732(i)	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE (when used for Surgical Treatment of Migraine Headache)	Blue Cross NC	4/1/2022	7/1/2022	
64734(i)	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE (when used for Surgical Treatment of Migraine Headache)	Blue Cross NC	4/1/2022	7/1/2022	

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64999	UNLISTED PROCEDURE, NERVOUS SYSTEM (PPA will be required for MRI-guided Laser-induced Thermotherapy only)	Blue Cross NC	4/1/2020	7/1/2020	Effective 1/1/2022 use 61736 or 61737
64999(i)	UNLISTED PROCEDURE, NERVOUS SYSTEM (PPA will be required for IB-Stim only)	Blue Cross NC	7/1/2021	10/1/2021	
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	Blue Cross NC		7/1/2005	
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	Blue Cross NC		7/1/2005	
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Blue Cross NC		7/1/2005	
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Blue Cross NC		7/1/2005	
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Blue Cross NC		7/1/2005	
69705(i)	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Blue Cross NC		1/1/2021	
69706(i)	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Blue Cross NC		1/1/2021	
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Blue Cross NC		7/1/2005	
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	Blue Cross NC		7/1/2005	
67914	REPAIR OF ECTROPION; SUTURE	Blue Cross NC		7/1/2005	
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	Blue Cross NC		7/1/2005	
67917	REPAIR OF ECTROPION; EXTENSIVE (EG TARSAL STRIP OPERATIONS)	Blue Cross NC		7/1/2005	
67921	REPAIR OF ENTROPION; SUTURE	Blue Cross NC		7/1/2005	
67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	Blue Cross NC		7/1/2005	
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)	Blue Cross NC		7/1/2005	

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69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY (Duke ASO group only)	Blue Cross NC		7/1/2006	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor (Duke ASO group only)			1/1/2022	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor (Duke ASO group only)	Blue Cross NC		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 (Duke ASO group only)			1/1/2022	
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 (Duke ASO group only)	Blue Cross NC		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 (Duke ASO group only)	Blue Cross NC		1/1/2023	
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Blue Cross NC		7/1/2005	
75894	TRANSCATHER THERAPY, EMBOIIZATIO APPLIES TO SELECTIVE INTERNAL RADIATION THERAPY FOR TUMORS OF THE LIVER, or ovarian and internal iliac vein embolization for pelvic congestion syndrome	Blue Cross NC		7/1/2009	
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE (for Treatment of Prostate Cancer only)	Blue Cross NC	7/1/2022	10/1/2022	
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY (FOR TREATMENT OF KELOID ONLY)	Blue Cross NC	10/1/2021	1/1/2022	

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77520	proton treatment delivery; simple, without compensation	Blue Cross NC		2/15/2011	
77522	proton treatment delivery, simple, with compensation	Blue Cross NC		2/15/2011	
77523	proton treatment delivery, intermediate	Blue Cross NC		2/15/2011	
77525	proton treatment delivery, complex	Blue Cross NC		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	Blue Cross NC		1/1/2016	
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	Blue Cross NC		1/1/2016	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)	AVALON	1/1/2019	4/1/2019	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (e.g., glioma), common variants (e.g., R140W, R172M)	AVALON	1/1/2019	4/1/2019	
81161	DMD (dystrophin) (e.g., Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AVALON	1/1/2019	4/1/2019	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AVALON	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)	AVALON	1/1/2019	4/1/2019	

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81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AVALON	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	AVALON		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	AVALON	1/1/2019	4/1/2019	
81171	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia) gene analysis; full gene sequence	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	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	AVALON	1/1/2019	4/1/2019	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	

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81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	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	AVALON	10/1/2019	1/1/2020	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	AVALON	10/1/2019	1/1/2020	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	AVALON	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	AVALON		1/1/2021	
81192	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	AVALON		1/1/2021	
81193	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	AVALON		1/1/2021	
81194	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	AVALON		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)	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81203	APC (adenomatous polyposis coli) (e.g., familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81206	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	AVALON	1/1/2019	4/1/2019	
81207	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; minor breakpoint qualitative or quantitative	AVALON	1/1/2019	4/1/2019	
81208	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	AVALON	1/1/2019	4/1/2019	
81209	BLM (Bloom Syndrome, RecQ helicase-like) (e.g., Bloom Syndrome) gene analysis, 2281del6ins7 variant	AVALON	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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	AVALON	1/1/2019	4/1/2019	
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	AVALON	1/1/2019	4/1/2019	
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	AVALON	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	AVALON	1/1/2019	4/1/2019	
81219	CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9	AVALON	1/1/2019	4/1/2019	

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81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	AVALON	4/1/2021	7/1/2021	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	AVALON	4/1/2021	7/1/2021	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants	AVALON	1/1/2019	4/1/2019	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence	AVALON	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)	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	AVALON	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	AVALON	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)	AVALON	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)	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	

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81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	AVALON	1/1/2019	4/1/2019	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81238	F9 (coagulation factor IX) (e.g. hemophilia B) full gene sequence	AVALON	1/1/2019	4/1/2019	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	AVALON	1/1/2019	4/1/2019	
81240	F2 (prothrombin, coagulation factor II) (e.g., hereditary hypercoagulability) gene analysis, 20210G>A variant	AVALON	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.	AVALON	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)	AVALON	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	AVALON	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)	AVALON	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)	AVALON	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)	AVALON	1/1/2022	4/1/2022	
81247	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice) gene analysis; common variant(s) (e.g., A, A-)	AVALON	1/1/2019	4/1/2019	

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81249	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice) gene analysis; full gene sequence	AVALON	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)	AVALON	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)	AVALON	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	AVALON	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)])	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81256	HFE (hemochromatosis) (e.g., hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)	AVALON	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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	

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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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
81270	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	AVALON	1/1/2019	4/1/2019	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	AVALON	1/1/2019	4/1/2019	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g. carcinoma) gene analysis, variants in exon, (e.g., codons 12 and 13)	AVALON	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)	AVALON	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	AVALON		1/1/2020	
81278	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	AVALON		1/1/2021	
81279	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	AVALON		1/1/2021	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	AVALON	1/1/2019	4/1/2019	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	AVALON	1/1/2019	4/1/2019	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	AVALON	1/1/2019	4/1/2019	

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81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	AVALON	1/1/2019	4/1/2019	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	AVALON	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	AVALON	1/1/2019	4/1/2019	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	

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81300	MSH6 (mutS homolog 6 [E. coli]) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AVALON	1/1/2019	4/1/2019	
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	AVALON	1/1/2019	4/1/2019	
81302	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis	AVALON	1/1/2019	4/1/2019	
81304	Mecp2 (methyl cpg binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants	AVALON	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	AVALON	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)	AVALON	4/1/2020	7/1/2020	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	AVALON		1/1/2020	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	AVALON		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)	AVALON		1/1/2020	
81310	NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, exon 12 variants	AVALON	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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	AVALON	10/1/2019	1/1/2020	

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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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
81320	Gene analysis (phospholipase C gamma 2) for common variants Familial Cold autoinflammatory Syndrome	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
81323	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	AVALON	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	AVALON	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	AVALON	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)	AVALON	1/1/2019	4/1/2019	

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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	AVALON	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)	AVALON	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	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
81335	TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism) gene analysis, common variants (e.g., *2, *3)	AVALON	1/1/2019	4/1/2019	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	AVALON	1/1/2019	4/1/2019	
81338	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	AVALON		1/1/2021	
81339	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	AVALON		1/1/2021	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AVALON	1/1/2019	4/1/2019	
81344	Gene analysis (TATA box binding protein) for abnormal alleles	AVALON	1/1/2019	4/1/2019	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	AVALON	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)	AVALON	1/1/2019	4/1/2019	

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81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	AVALON		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)	AVALON		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	AVALON		1/1/2022	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	AVALON	1/1/2019	4/1/2019	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	AVALON		1/1/2021	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	AVALON		1/1/2021	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	AVALON		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)	AVALON	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)	AVALON		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)	AVALON		1/1/2021	
81361	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE)	AVALON	1/1/2019	4/1/2019	
81363	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletions variant(s)	AVALON	1/1/2019	4/1/2019	
81364	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	AVALON	1/1/2019	4/1/2019	

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81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	AVALON	1/1/2019	4/1/2019	
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 .	AVALON	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 .	AVALON	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 .	AVALON	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 .	AVALON	1/1/2019	4/1/2019	
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 .	AVALON	1/1/2019	4/1/2019	

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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 .	AVALON	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.	AVALON	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.	AVALON	1/1/2019	4/1/2019	
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.	AVALON	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	AVALON	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	AVALON	4/1/2020	7/1/2020	

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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	AVALON	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	AVALON	1/1/2019	4/1/2019	
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	AVALON	1/1/2019	4/1/2019	
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	AVALON	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)	AVALON	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)	AVALON	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	AVALON		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	AVALON	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	AVALON	1/1/2019	4/1/2019	

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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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
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	AVALON	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	AVALON	1/1/2019	4/1/2019	

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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	AVALON	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	AVALON		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	AVALON	1/1/2019	4/1/2019	
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)	AVALON	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	AVALON	1/1/2019	4/1/2019	

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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)	AVALON	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	AVALON	1/1/2019	4/1/2019	
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 .	AVALON	1/1/2019	4/1/2019	
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	AVALON	1/1/2019	4/1/2019	
81465	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	AVALON	1/1/2019	4/1/2019	
81479	Unlisted molecular pathology procedure	AVALON	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	AVALON	10/1/2020	1/1/2021	

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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	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
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	AVALON		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	AVALON		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	AVALON	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	AVALON	1/1/2023	4/1/2023	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	AVALON		1/1/2020	
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (e.g., benign or suspicious)	AVALON	1/1/2019	4/1/2019	
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)	AVALON		1/1/2021	

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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	AVALON		1/2/2020	
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	AVALON	10/1/2019	1/1/2020	
81599	Unlisted multianalyte assay with algorithmic analysis	AVALON	1/1/2019	4/1/2019	
84999	Unlisted chemistry panel	AVALON	1/1/2019	4/1/2019	
86849	Unlisted immunology procedure	AVALON	1/1/2019	4/1/2019	
87999	unlisted microbiology procedure	AVALON	1/1/2019	4/1/2019	
88240	Cryopreservation, freezing and storage of cells, each cell line	AVALON	1/1/2019	4/1/2019	
88241	Thawing and expansion of frozen cells, each aliquot	AVALON	1/1/2019	4/1/2019	
88245	Chromosome analysis for breakage syndrome; baseline Sister Chromatid Exchange (SCE), 20-25 cells	AVALON	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)	AVALON	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)	AVALON	1/1/2019	4/1/2019	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	AVALON	1/1/2019	4/1/2019	
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	AVALON	1/1/2019	4/1/2019	
88263	Chromosome analysis; count 45 cells, 2 karyotypes, with banding	AVALON	1/1/2019	4/1/2019	
88264	Chromosome analysis; analyze 20-25 cells	AVALON	1/1/2019	4/1/2019	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	AVALON	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	AVALON	1/1/2019	4/1/2019	
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)	AVALON	1/1/2019	4/1/2019	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)	AVALON	1/1/2019	4/1/2019	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)	AVALON	1/1/2019	4/1/2019	

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88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	AVALON	1/1/2019	4/1/2019	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	AVALON	1/1/2019	4/1/2019	
88280	Chromosome analysis; additional karyotypes, each study	AVALON	1/1/2019	4/1/2019	
88283	Chromosome analysis; additional specialized banding technique (e.g., NOR, C-banding)	AVALON	1/1/2019	4/1/2019	
88285	Chromosome analysis; additional cell counted, each study	AVALON	1/1/2019	4/1/2019	
88289	Chromosome analysis; additional high resolution study	AVALON	1/1/2019	4/1/2019	
88291	Cytogenetics and molecular cytogenetics, interpretation and report	AVALON	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)	AVALON	1/1/2019	4/1/2019	
89240	Unlisted miscellaneous pathology test	AVALON	1/1/2019	4/1/2019	
90283	immune globulin(igiv), human, for intravenous use	CMM		1/1/2010	
90284	immune globulin (scig), human, for use in subcutaneous infusions	CMM		1/1/2010	
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	CMM		7/1/2010	
90678(i)	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use	Blue Cross NC		1/1/2023	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Blue Cross NC	10/1/2019	1/1/2020	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Blue Cross NC	10/1/2019	1/1/2020	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Blue Cross NC	10/1/2019	1/1/2020	
90870	Electroconvulsive therapy (includes necessary monitoring)	Blue Cross NC	10/1/2019	1/1/2020	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Blue Cross NC	7/1/2022	10/1/2022	
91113	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT	Blue Cross NC		1/1/2022	
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	Blue Cross NC		1/1/2021	

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92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	Blue Cross NC		1/2/2021	
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	Blue Cross NC		1/3/2021	
92145(i)	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	Blue Cross NC	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;	Blue Cross NC	7/1/2020	10/1/2020	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	Blue Cross NC		7/1/2005	5/15/2022
92971	Cardioassist-method of circulatory assist; external	Blue Cross NC	10/1/2017	1/1/2018	
93025(i)	Microvolt T-wave alternans for assessment of ventricular arrhythmias	Blue Cross NC	4/1/2022	7/1/2022	
93228(i)	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	Blue Cross NC		1/1/2009	
93229(i)	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	Blue Cross NC		1/1/2009	

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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	Blue Cross NC		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	Blue Cross NC		1/1/2015	
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	Blue Cross NC	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)	Blue Cross NC		1/1/2015	
93702 [i]	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC		10/1/2007	
95919(i)	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Blue Cross NC		1/1/2023	

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95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (E.G., 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	Blue Cross NC		1/1/2008	
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (E.G., 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 PROGRAMMING	Blue Cross NC		1/1/2008	
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (E.G., 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 PROGRAMMING	Blue Cross NC		1/1/2008	
96000(i)	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3D KINEMATICS;	Blue Cross NC	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	Blue Cross NC	4/1/2022	7/1/2022	
96002(i)	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	Blue Cross NC	4/1/2022	7/1/2022	
96003(i)	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1 MUSCLE	Blue Cross NC	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	Blue Cross NC	4/1/2022	7/1/2022	

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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 (All commercial LOB including SHP)	Blue Cross NC	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 (All commercial LOB including SHP)	Blue Cross NC	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 (All commercial LOB including SHP)	Blue Cross NC	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 (All commercial LOB including SHP)	Blue Cross NC	10/1/2021	1/1/2022	
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 (All other commercial LOB)	Blue Cross NC	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 (All commercial LOB including SHP)	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS	Blue Cross NC		7/1/2005	

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97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	Blue Cross NC		7/1/2005	
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS	Blue Cross NC		1/1/2015	
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	Blue Cross NC		1/1/2015	
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW UP CARE	Blue Cross NC		1/1/2006	
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	Blue Cross NC		1/1/2006	
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT APNEA EVALUATION)	Blue Cross NC		1/1/2006	
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	Blue Cross NC		1/1/2006	
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE, INCLUDING COLOSTOMY AND CYSTOSTOMY	Blue Cross NC		1/1/2006	
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	Blue Cross NC		1/1/2006	
99509	HOME VIIST FOR ASSITANCE WITH ACTIVITES OF DAILY LIVING AND PERSONAL CARE	Blue Cross NC		1/1/2006	
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	Blue Cross NC		1/1/2006	

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99512	HOME VISIT FOR HEMODIALYSIS PER DIEM	Blue Cross NC		1/1/2006	
99600	UNLISTED HOME VISIT SERVICE/OR PROCEDURE	Blue Cross NC		1/1/2006	
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	AVALON	7/1/2020	10/1/2020	
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	Blue Cross NC	4/1/2017	7/1/2017	
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	AVALON	1/1/2019	4/1/2019	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	AVALON	1/1/2019	4/1/2019	
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	AVALON	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	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	AVALON	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)	AVALON	10/1/2020	1/1/2021	

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0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	AVALON	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)	AVALON	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	AVALON	1/1/2022	4/1/2022	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	AVALON	7/1/2019	10/1/2019	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	AVALON	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	AVALON		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)	AVALON	1/1/2022	4/1/2022	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	AVALON	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	AVALON	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)	AVALON	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	Blue Cross NC		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)	AVALON	10/1/2020	1/1/2021	
0072T	TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE	Blue Cross NC		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)	AVALON	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)	AVALON	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)	AVALON	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	Blue Cross NC		10/1/2007	
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)	AVALON	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)	Blue Cross NC		10/1/2007	
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)	AVALON	10/1/2020	1/1/2021	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	AVALON	10/1/2020	1/1/2021	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	AVALON	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	AVALON	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.	AVALON	10/1/2019	1/1/2020	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Blue Cross NC		7/1/2005	
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)	Blue Cross NC		7/1/2005	
0101T(i)	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Blue Cross NC		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])	AVALON		7/1/2019	
0102T(i)	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	Blue Cross NC		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])	AVALON		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])	AVALON		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	AVALON	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.	AVALON	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)	AVALON	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)	AVALON	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)	AVALON		1/1/2022	
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	AVALON	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	Blue Cross NC		1/1/2007	
0164T(i)	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Blue Cross NC		1/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0165T(i)	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Blue Cross NC		1/1/2007	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AVALON	4/1/2020	7/1/2020	
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	AVALON	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	AVALON	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	AVALON	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)	AVALON	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	AVALON	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	AVALON	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	AVALON	7/1/2020	10/1/2020	
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	AVALON	7/1/2020	10/1/2020	

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0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	AVALON	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	AVALON	7/1/2020	10/1/2020	
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	7/1/2020	10/1/2020	
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	AVALON	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	AVALON	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	AVALON	7/1/2020	10/1/2020	

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0198T(i)	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT	Blue Cross NC	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	AVALON	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	AVALON	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	Blue Cross NC		7/1/2009	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	AVALON	7/1/2020	10/1/2020	
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	Blue Cross NC		7/1/2009	
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	AVALON	7/1/2020	10/1/2020	
0202T(i)	POSTERIOR VERTEBRAL JOIN(S) ARTHROPLASTY (E.G., FACET JOINT[S] REPLACEMTN) INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY AND VERTEBRAL COLUMN FIXATION, WITH OR WITHOUT INJECTION OF BONE CEMENT, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	Blue Cross NC		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	AVALON	4/1/2021	7/1/2021	
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	AVALON	4/1/2021	7/1/2021	

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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.	AVALON	1/1/2022	4/1/2022	
0219T(i)	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; CERVICAL	Blue Cross NC		1/1/2010	
0220T(i)	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; THORACIC	Blue Cross NC		1/1/2010	
0221T(i)	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; LUMBAR	Blue Cross NC		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	AVALON	7/1/2021	10/1/2021	
0222T(i)	PLACEMENT OF 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 ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Blue Cross NC		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	AVALON	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	AVALON	4/1/2021	7/1/2021	

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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	AVALON	10/1/2021	1/1/2022	
0232T [i]	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Blue Cross NC	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	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	AVALON	1/1/2022	4/1/2022	
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	AVALON	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	AVALON	7/1/2021	10/1/2021	
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	AVALON	7/1/2021	10/1/2021	

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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	AVALON		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	Blue Cross NC		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	Blue Cross NC		7/1/2011	
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	Blue Cross NC		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)	Blue Cross NC		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)	Blue Cross NC		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)	Blue Cross NC		7/1/2011	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	AVALON	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)	Blue Cross NC		7/1/2011	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	AVALON	4/1/2022	7/1/2022	

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0270T(i)	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Blue Cross NC		7/1/2011	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	AVALON	4/1/2022	7/1/2022	
0271T(i)	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Blue Cross NC		7/1/2011	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	AVALON	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);	Blue Cross NC		7/1/2011	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	AVALON	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	Blue Cross NC		7/1/2011	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAUI), blood, buccal swab, or amniotic fluid	AVALON	4/1/2022	7/1/2022	
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	Blue Cross NC		7/1/2011	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	AVALON	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	Blue Cross NC		7/1/2011	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	AVALON	4/1/2022	7/1/2022	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	AVALON	4/1/2022	7/1/2022	
0278T [i]	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	Blue Cross NC	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)	AVALON	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	AVALON	7/1/2022	10/1/2022	
0308T(i)	Insertion of ocular telescope prosthesis including removal of crystalline lens OR INTRAOCULAR LENS PROSTHESIS	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2013	
0314T(i)	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Blue Cross NC		1/1/2013	
0315T(i)	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Blue Cross NC		1/1/2013	

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0316T(i)	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Blue Cross NC		1/1/2013	
0317T(i)	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Blue Cross NC		1/1/2013	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	AVALON	4/1/2022	7/1/2022	
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	AVALON		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	AVALON		10/1/2022	
0335T [i]	Insertion of sinus tarsi implant	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC		1/1/2014	
0358T(i)	BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT	Blue Cross NC	4/1/2022	7/1/2022	
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 (All commercial LOB including SHP)	Blue Cross NC	10/1/2021	1/1/2022	

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0375T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS	Blue Cross NC		1/1/2015	
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	Blue Cross NC	7/1/2020	10/1/2020	
0394T(i)	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED	Blue Cross NC		1/1/2016	
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	Blue Cross NC		1/1/2016	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC	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	Blue Cross NC	1/1/2020	4/1/2020	
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	Blue Cross NC	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	Blue Cross NC	1/1/2020	4/1/2020	
0412T(i)	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY	Blue Cross NC	1/1/2020	4/1/2020	

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0413T(i)	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)	Blue Cross NC	1/1/2020	4/1/2020	
0414T(i)	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE GENERATOR ONLY	Blue Cross NC	1/1/2020	4/1/2020	
0415T(i)	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR LEAD)	Blue Cross NC	1/1/2020	4/1/2020	
0416T(i)	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	1/1/2020	4/1/2020	
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)	Blue Cross NC	7/1/2019	10/1/2019	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Blue Cross NC	7/1/2019	10/1/2019	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Blue Cross NC	7/1/2019	10/1/2019	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Blue Cross NC	7/1/2019	10/1/2019	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Blue Cross NC	7/1/2019	10/1/2019	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Blue Cross NC	7/1/2019	10/1/2019	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Blue Cross NC	7/1/2019	10/1/2019	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Blue Cross NC	7/1/2019	10/1/2019	

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0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Blue Cross NC	7/1/2019	10/1/2019	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Blue Cross NC	7/1/2019	10/1/2019	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Blue Cross NC	7/1/2019	10/1/2019	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Blue Cross NC	7/1/2019	10/1/2019	
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Blue Cross NC	7/1/2019	10/1/2019	
0446T [i]	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING	Blue Cross NC	7/1/2020	10/1/2020	
0447T [i]	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION	Blue Cross NC	7/1/2020	10/1/2020	
0448T [i]	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION	Blue Cross NC	7/1/2020	10/1/2020	
0481T [i]	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC	7/1/2020	10/1/2020	
0510T [i]	REMOVAL OF SINUS TARSIS IMPLANT	Blue Cross NC	7/1/2020	10/1/2020	
0511T [i]	REMOVAL AND REINSERTION OF SINUS TARSIS IMPLANT	Blue Cross NC	7/1/2020	10/1/2020	

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0512T(i)	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Blue Cross NC		1/1/2019	
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)	Blue Cross NC		1/1/2019	
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])	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
0519T [i]	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	

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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)	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2019	
0529T(i)	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Blue Cross NC		1/1/2019	
0530T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Blue Cross NC		1/1/2019	
0531T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Blue Cross NC		1/1/2019	
0532T(i)	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Blue Cross NC		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	CMM		1/1/2019	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	CMM		1/1/2019	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	CMM		1/1/2019	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	CMM		1/1/2019	
0546T [i]	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Blue Cross NC	7/1/2020	10/1/2020	

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0547T [i]	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
0558T [i]	COMPUTED TOMOGRAPHY SCAN TAKEN FOR THE PURPOSE OF BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS	Blue Cross NC	7/1/2020	10/1/2020	
0561T [i]	ANATOMIC GUIDE 3D-PRINTED AND DESIGNED FROM IMAGE DATA SET(S); FIRST ANATOMIC GUIDE	Blue Cross NC	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)	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
0567T [i]	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING TRANSVAGINAL ULTRASOUND	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
0569T(i)	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Blue Cross NC		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)	Blue Cross NC		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	Blue Cross NC		1/1/2020	
0572T(i)	Insertion of substernal implantable defibrillator electrode	Blue Cross NC		1/1/2020	
0573T(i)	Removal of substernal implantable defibrillator electrode	Blue Cross NC		1/1/2020	
0574T(i)	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Blue Cross NC		1/1/2020	

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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	Blue Cross NC		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	Blue Cross NC		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)	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2020	
0580T(i)	Removal of substernal implantable defibrillator pulse generator only	Blue Cross NC		1/2/2020	
0581T [i]	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Blue Cross NC	7/1/2020	10/1/2020	
0582T [i]	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Blue Cross NC	7/1/2020	10/1/2020	
0583T [i]	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Blue Cross NC	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	Blue Cross NC		1/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2020	
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC	7/1/2020	10/1/2020	
0596T [i]	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Blue Cross NC	7/1/2020	10/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0597T [i]	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Blue Cross NC	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)	Blue Cross NC	7/1/2020	10/1/2020	
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)	Blue Cross NC	7/1/2020	10/1/2020	
0600T [i]	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Blue Cross NC	7/1/2020	10/1/2020	
0601T [i]	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
0612T [i]	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC	7/1/2020	10/1/2020	
0614T(i)	Removal and replacement of substernal implantable defibrillator pulse generator	Blue Cross NC		7/1/2020	
0615T [i]	Eye-movement analysis without spatial calibration, with interpretation and report	Blue Cross NC	7/1/2020	10/1/2020	

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0621T(i)	Trabeculostomy ab interno by laser;	Blue Cross NC		1/1/2021	
0622T(i)	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	Blue Cross NC		1/1/2021	
0627T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic	Blue Cross NC		1/1/2021	
0628T(i)	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic	Blue Cross NC		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;	Blue Cross NC		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)	Blue Cross NC		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	Blue Cross NC		1/1/2021	
0643T(i)	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Blue Cross NC		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	Blue Cross NC		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.	Blue Cross NC		7/1/2021	
0647T(i)	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Blue Cross NC		7/1/2021	
0651T(i)	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Blue Cross NC		7/1/2021	
0652T(i)	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Blue Cross NC		7/1/2021	
0653T(i)	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Blue Cross NC		7/1/2021	

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0654T(i)	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Blue Cross NC		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	Blue Cross NC		7/1/2021	
0656T(i)	Vertebral body tethering, anterior; up to 7 vertebral segments	Blue Cross NC		7/1/2021	
0657T(i)	Vertebral body tethering, anterior; 8 or more vertebral segments	Blue Cross NC		7/1/2021	
0658T(i)	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Blue Cross NC		7/1/2021	
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	Blue Cross NC		7/1/2021	
0660T(i)	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Blue Cross NC		7/1/2021	
0661T(i)	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Blue Cross NC		7/1/2021	
0664T(i)	Donor hysterectomy (including cold preservation); open, from cadaver donor	Blue Cross NC		7/1/2021	
0665T(i)	Donor hysterectomy (including cold preservation);open, from living donor	Blue Cross NC		7/1/2021	
0666T(i)	Donor hysterectomy (including cold preservation);laparoscopic or robotic, from living donor	Blue Cross NC		7/1/2021	
0667T(i)	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Blue Cross NC		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	Blue Cross NC		7/1/2021	
0669T(i)	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Blue Cross NC		7/1/2021	
0670T(i)	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Blue Cross NC		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	Blue Cross NC		1/1/2022	

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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)	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2022	
0679T(i)	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Blue Cross NC		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)	Blue Cross NC		1/1/2022	
0681T(i)	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	Blue Cross NC		1/1/2022	
0682T(i)	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Blue Cross NC		1/1/2022	

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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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2022	
0686T(i)	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Blue Cross NC		1/1/2022	
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2022	

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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	Blue Cross NC		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	Blue Cross NC		1/1/2022	
0700T(i)	Molecular fluorescent imaging of suspicious nevus; first lesion	Blue Cross NC		1/1/2022	
0701T(i)	Molecular fluorescent imaging of suspicious nevus; each additional lesion	Blue Cross NC		1/1/2022	
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	Blue Cross NC		1/1/2022	
0708T(i)	Intradermal cancer immunotherapy; preparation and initial injection	Blue Cross NC		1/1/2022	
0709T(i)	Intradermal cancer immunotherapy; each additional injection	Blue Cross NC		1/1/2022	
0714T(i)	Transperineal laser ablation of benign prostatic hyperplasia, including imaging	Blue Cross NC		7/1/2022	
0715T(i)	Percutaneous transluminal coronary lithotripsy (List separately in addition to c	Blue Cross NC		7/1/2022	
0716T(i)	Cardiac acoustic waveform recording with automated analysis and generation	Blue Cross NC		7/1/2022	
0717T(i)	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickn	Blue Cross NC		7/1/2022	
0718T(i)	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickn	Blue Cross NC		7/1/2022	
0719T(i)	Posterior vertebral joint replacement, including bilateral facetectomy, laminect	Blue Cross NC		7/1/2022	
0720T(i)	Percutaneous electrical nerve field stimulation, cranial nerves, without implant	Blue Cross NC		7/1/2022	

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0725T(i)	Vestibular device implantation, unilateral	Blue Cross NC		7/1/2022	
0726T(i)	Removal of implanted vestibular device, unilateral	Blue Cross NC		7/1/2022	
0727T(i)	Removal and replacement of implanted vestibular device, unilateral	Blue Cross NC		7/1/2022	
0728T(i)	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Blue Cross NC		7/1/2022	
0729T(i)	Diagnostic analysis of vestibular implant, unilateral; with subsequent program	Blue Cross NC		7/1/2022	
0730T(i)	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Blue Cross NC		7/1/2022	
0732T(i)	Immunotherapy administration with electroporation, intramuscular	Blue Cross NC		7/1/2022	
0737T(i)	Xenograft implantation into the articular surface	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2023	
0740T(i)	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	Blue Cross NC		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	Blue Cross NC		1/1/2023	

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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	Blue Cross NC		1/1/2023	
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2023	
0747T(i)	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Blue Cross NC		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)	Blue Cross NC		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;	Blue Cross NC		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	Blue Cross NC		1/1/2023	

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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)	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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)	Blue Cross NC		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	Blue Cross NC		1/1/2023	
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)	Blue Cross NC		1/1/2023	
0770T(i)	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Blue Cross NC		1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	Blue Cross NC		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)	Blue Cross NC		1/1/2023	
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	Blue Cross NC		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)	Blue Cross NC		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])	Blue Cross NC		1/1/2023	
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	Blue Cross NC		1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0777T(i)	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	Blue Cross NC		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	Blue Cross NC		1/1/2023	
0779T(i)	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2023	
0783T(i)	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Blue Cross NC		1/1/2023	
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	Blue Cross NC		1/1/2006	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) NON-EMERGENT TRANSPORT ONLY	Blue Cross NC		1/1/2006	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing) NON-EMERGENT TRANSPORT ONLY	Blue Cross NC		1/1/2006	
A0435	Fixed wing air mileage, per statute mile NON-EMERGENT TRANSPORT ONLY	Blue Cross NC		1/1/2006	
A0436	Rotary wing air mileage, per statute mile NON-EMERGENT TRANSPORT ONLY	Blue Cross NC		1/1/2006	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Blue Cross NC		1/1/2014	
A6000(i)	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Blue Cross NC	4/1/2022	7/1/2022	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Blue Cross NC		7/1/2005	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Blue Cross NC		7/1/2005	
A9272	mechanical wound suction, disposable, includes dressing, all accessories and components, Any Type each	Blue Cross NC		1/1/2012	

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A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie (Lutathera)	Blue Cross NC		1/1/2019	
A9590	Iodine i-131, iobenguane, 1 millicurie (Azedra)	Blue Cross NC		1/1/2020	
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Blue Cross NC		10/1/2022	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code (PPA required only when associated with Tumor-Treating Fields Therapy for Glioblastoma)	Blue Cross NC	10/1/2013	1/1/2014	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Blue Cross NC	7/1/2021	10/1/2021	
C1062(i)	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Blue Cross NC		1/1/2021	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	Blue Cross NC	10/1/2020	1/1/2021	
C1761(i)	Catheter, transluminal intravascular lithotripsy, coronary	Blue Cross NC		7/1/2021	
C1767	Generator, neurostimulator (implantable), non-rechargeable (For diagnosis of sleep apnea SHP members only)	Blue Cross NC	10/1/2022	1/1/2023	
C1767	Generator, neurostimulator (implantable), non-rechargeable (All diagnosis other than Sleep Apnea)	Blue Cross NC	10/1/2022	4/1/2023	
C1823(i)	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Blue Cross NC		1/1/2019	
C1824(i)	Generator, cardiac contractility modulation (implantable)	Blue Cross NC	1/1/2020	4/1/2020	
C1825(i)	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Blue Cross NC		1/1/2021	
C1827(i)	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	Blue Cross NC		1/1/2023	
C1833(i)	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Blue Cross NC		1/1/2022	
C1834(i)	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	Blue Cross NC		10/1/2022	
C1897(i)	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE) (when used for Occipital Nerve Stimulation)	Blue Cross NC	4/1/2022	7/1/2022	

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C2624 [i]	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components [for facility use only]	Blue Cross NC	7/1/2020	10/1/2020	
C2644(i)	Brachytherapy source, cesium-131 chloride [C codes for facility use only]	Blue Cross NC		7/1/2014	
C9090	Injection, plasminogen, human-tvmh, 1 mg	CMM		4/1/2022	
C9094	Inj, sutimlimab-jome, 10 mg (Enjaymo)	CMM		7/1/2022	Effective 10/1/2022 use J1302
C9096	Injection, filgrastim-ayow, biosimilar, 1 microgram (Releuko)	CMM		7/1/2022	Effective 10/1/2022 use Q5125
C9097	Inj, faricimab-svoa, 0.1 mg (Vabysmo)	CMM		7/1/2022	Effective 10/1/2022 use J2777
C9098	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 (Carvykti)	CMM		7/1/2022	Effective 10/1/2022 use Q2056
C9142	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg	CMM		10/1/2022	Effective 1/1/2023 use Q5126
C9359 [i]	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD PUTTY, INTEGRA OS OSTEOCONDUCTIVE SCAFFOLD PUTTY), PER 0.5 CC	Blue Cross NC	7/1/2020	10/1/2020	
C9362 [i]	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD STRIP), PER 0.5 CC	Blue Cross NC	7/1/2020	10/1/2020	
C9399*	Unclassified drugs or biologicals [C codes for facilities only]	CMM			
C9399*	New to market speciality Drugs covered under medical benefits ** (regardless of the code used for Billing)	CMM	7/1/2017	10/1/2017	
C9399*	Lecanemab-irmb (Leqembi)	CMM		1/6/2023	
C9399*	Spesolimab-sbzo (Spevigo)	CMM	1/1/2023	4/1/2023	
C9399*	Nadofaragene firadenovec-vncg (Adstiladrin)	CMM		12/16/2022	
C9399*	Ublituximab-xiiv (Briumvi)	CMM		12/28/2022	
C9399*	Mosunetuzumab-axgb (Lunsumio)	CMM		12/22/2022	
C9399*	fecal microbiota, live - jslm (Rebyota)	CMM		11/30/2022	
C9399*	Etranacogene dezaparvovec-drlb (Hemgenix)	CMM		11/22/2022	

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C9399*	Teplizumab-mzww (Tzield)	CMM		11/17/2022	
C9399*	Mirvetuximab soravtansine-gynx (Elahere)	CMM		11/14/2022	Effective 12/17/22 PA through AIM
C9399*	Teclistamab-cqyv (Tecvayli)	CMM		10/25/2022	Effective 12/17/22 PA through AIM
C9399*	Tremelimumab (Imjudo)	CMM		10/24/2022	Effective 12/17/22 PA through AIM
C9399*	Bevacizumab-adcd (Vegzelma)	CMM		9/27/2022	
C9399*	Elivaldogene autotemcel (Skysona)	CMM		9/16/2022	
C9399*	Eflapegastrim-xnst (Rolvedon)	CMM		9/9/2022	
C9399*	Pegfilgrastim-fpgk (Stimufend)	CMM		9/1/2022	
C9399*	Olipudase alfa-rpcp (Xenpozyme)	CMM		8/31/2022	
C9399*	Betibeglogene autotemcel (Zynteglo)	CMM		8/17/2022	
C9399*	Ranibizumab-eqrn (Cimerli)	CMM		8/2/2022	
C9399*	Risankizumab (Skyrizi)	CMM		6/17/2022	Effective 1/1/2023 use J2327
C9399*	Vutrisiran (Amvuttra)	CMM		6/13/2022	Effective 1/1/2023 use J0225
C9399*	Pegfilgrastim (Fylnetra)	CMM		5/26/2022	
C9399*	Bevacizumab-maly (Alymsys)	CMM		4/18/2022	Effective 10/1/2022 use C9142
C9399*	Tebentafusp-tebn (Kimmtak)	CMM		1/26/2022	Effective 10/1/2022 use J9274
C9399*	Allogeneic processed thymus tissue-agdc (Rethymic)	CMM		10/8/2021	
C9399*	Fosdenopterin (Nulibry)	CMM		2/26/2021	
C9399*(i)	DaxibotulinumtoxinA-lanm (Daxxify)	CMM		9/8/2022	
C9399*(i)	Aducanumab-avwa (Aduhelm)	CMM		6/7/2021	Effective 1/1/2022 use J0172

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C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance [for facility use only]	Blue Cross NC		4/1/2013	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implant	Blue Cross NC	4/1/2018	7/1/2018	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Blue Cross NC	4/1/2018	7/1/2018	
C9752 [i]	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, F	Blue Cross NC	7/1/2020	10/1/2020	Effective 1/1/2022 use 64628
C9753 [i]	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, E	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	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	Blue Cross NC	7/1/2020	10/1/2020	
C9771(i)	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Blue Cross NC		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	Blue Cross NC		1/1/2021	

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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	Blue Cross NC		1/1/2021	
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		4/1/2022	
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8070	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	Blue Cross NC	10/1/2014	1/1/2015	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Blue Cross NC	10/1/2014	1/1/2015	
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Blue Cross NC	10/1/2014	1/1/2015	
D8210	REMOVABLE APPLIANCE THERAPY	Blue Cross NC	10/1/2014	1/1/2015	
D8220	FIXED APPLIANCE THERAPY	Blue Cross NC	10/1/2014	1/1/2015	

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D8660	PRE-ORTHODONTIC VISIT	Blue Cross NC	10/1/2014	1/1/2015	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	Blue Cross NC	10/1/2014	1/1/2015	
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	Blue Cross NC	10/1/2014	1/1/2015	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	Blue Cross NC		10/1/2022	
E0193	Powered air flotation bed (low air loss therapy)	Blue Cross NC		7/1/2005	
E0231(i)	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE	Blue Cross NC	4/1/2022	7/1/2022	
E0232(i)	WARMING CARD FOR USE WITH THE NON CONTACT WOUND	Blue Cross NC	4/1/2022	7/1/2022	
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Blue Cross NC		4/1/2007	
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	Blue Cross NC		7/1/2005	
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	Blue Cross NC		7/1/2005	
E0277	Powered pressure-reducing air mattress	Blue Cross NC		7/1/2005	
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Blue Cross NC		7/1/2005	
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Blue Cross NC		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	Blue Cross NC		1/1/2008	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Blue Cross NC		10/1/2006	
E0372	Powered air overlay for mattress, standard mattress length & width	Blue Cross NC		10/1/2006	
E0373	Non powered advanced pressure reducing mattress	Blue Cross NC		10/1/2006	
E0457	Chest shell (cuirass)	Blue Cross NC		7/1/2005	

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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)Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.	Blue Cross NC for SHP Only		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) Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.	Blue Cross NC for SHP Only		10/1/2006	
E0481	Intrapulmonary percussive ventilation system and related accessories	Blue Cross NC		10/1/2006	
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Blue Cross NC		7/1/2005	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable, or nonadjustable, custom fabricated includes fitting and adjustment Effective 12/01/17 BCBSNC will perform prior review for State Health Plan members only.	Blue Cross NC for SHP Only	4/1/2013	7/1/2013	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Blue Cross NC	10/1/2021	1/1/2022	
E0740(i)	Non-implanted pelvic floor electrical stimulator, complete system	Blue Cross NC		10/1/2009	
E0745(i)	Neuromuscular stimulator, electronic shock unit (PPA expanded to include all indications)	Blue Cross NC	7/1/2021	10/1/2021	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Blue Cross NC		7/1/2005	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Blue Cross NC		7/1/2005	
E0749	Osteogenesis stimulator, electrical, surgically implanted	Blue Cross NC		7/1/2005	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Blue Cross NC		7/1/2005	
E0762(i)	Transcutaneous electrical joint stimulation device system, includes all accessories	Blue Cross NC		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	Blue Cross NC	7/1/2020	10/1/2020	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Blue Cross NC		1/1/2014	
E0770 [i]	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Blue Cross NC	7/1/2020	10/1/2020	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Blue Cross NC	1/1/2015	4/1/2015	
E1002	Wheelchair accessory, power seating system, tilt only	Blue Cross NC		7/1/2005	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Blue Cross NC		7/1/2005	
E1399	Durable medical equipment, miscellaneous WITH PURCHASE PRICE OF \$1500.00 AND ABOVE	Blue Cross NC		1/1/2005	
E2300	Wheelchair accessory, power seat elevation system, any type	Blue Cross NC		7/1/2005	
E2301	Wheelchair accessory, power standing system, any type	Blue Cross NC		7/1/2005	
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	Blue Cross NC		7/1/2005	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Blue Cross NC		7/1/2005	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Blue Cross NC		7/1/2005	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Blue Cross NC		7/1/2005	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Blue Cross NC		7/1/2005	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Blue Cross NC		1/1/2009	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	Blue Cross NC		1/1/2011	
G0166	External counterpulsation, per treatment session	Blue Cross NC	10/1/2017	1/1/2018	
G0259 [i]	Injection procedure for sacroiliac joint; arthrography	Blue Cross NC	7/1/2020	10/1/2020	
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Blue Cross NC		1/1/2016	
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Blue Cross NC		1/1/2016	
G0308(i)	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	Blue Cross NC		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	Blue Cross NC		7/1/2022	
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	Blue Cross NC		1/1/2023	
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	Blue Cross NC		1/1/2023	
G0341	Pancreatic Islet cell transplantation, includes portal vein catheterization and infusion	Blue Cross NC		4/1/2006	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS)	Blue Cross NC	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)	Blue Cross NC		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).	Blue Cross NC		10/1/2016	

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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)	Blue Cross NC		1/1/2017	
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)	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		1/1/2017	
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	Blue Cross NC		1/1/2018	
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Blue Cross NC		1/1/2018	
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Blue Cross NC		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	CMM	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	CMM	7/1/2021	10/1/2021	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	AVALON	4/1/2020	7/1/2020	
J0129	Injection, abatacept, 10 mg (ORENCIA)	CMM		7/1/2008	
J0172(i)	Injection, aducanumab-avwa, 2 mg	CMM		1/1/2022	

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J0178	Injection, aflibercept, 1 mg (Eylea)	CMM	7/1/2021	10/1/2021	
J0179	Injection, brolocizumab-dbl, 1 mg (Beovu)	CMM	7/1/2021	10/1/2021	
J0180	Injection, agalsidase beta, 1 mg	CMM	7/1/2017	10/1/2017	
J0202	Injection, alemtuzumab, 1 mg (Lemtrada)	CMM		1/1/2016	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	CMM		4/1/2022	
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	CMM		7/1/2017	
J0221	Injection, alglucosidase alfa, (Lumizyme™), 10 mg	CMM	7/1/2017	10/1/2017	
J0222	Injection, patisiran, 0.1 mg (Onpattro)	CMM		10/1/2019	
J0223	Injection, givosiran, 0.5 mg (Givlaari)	CMM		7/1/2020	
J0224	Injection, lumasiran, 0.5 mg	CMM		7/1/2021	
J0225	Injection, vutrisiran, 1 mg	CMM		1/1/2023	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	CMM	1/1/2018	4/1/2018	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	CMM	1/1/2018	4/1/2018	
J0490	Injection, Belimumab, 10 mg (Benlysta™)	CMM		1/1/2012	
J0491	Injection, anifrolumab-fnia, 1 mg	CMM		4/1/2022	
J0517	Injection, benralizumab, 1 mg (Fasenra™)	CMM		1/1/2019	
J0565	Injection, bezlotoxumab (Zinplava™)	CMM		1/1/2018	
J0567	Injection, cerliponase alfa, 1 mg (Brineura)	CMM		1/1/2019	
J0584	Injection, burosumab-twza 1 mg (Crystiva)	CMM		1/1/2019	
J0585	Injection, onabotulinumtoxin, 1 unit	CMM		7/1/2005	
J0586	Injection, abobotulinumtoxin, 5 units	CMM		1/1/2010	
J0587	Injection, rimabotulinumtoxinb, 100 units	CMM		1/1/2006	
J0588	Injection, incobotulinum A 1 unit (Xeomin)	CMM		1/1/2012	
J0591	Injection, deoxycholic acid, 1 mg (Kybella)	Blue Cross NC		7/1/2020	
J0596	Injection, c1 esterase inhibitor (recombinant), Ruconest , 10 units	CMM		1/1/2016	
J0597	Injection, C-1 Esterase inhibitor (Human) (Berinert), 10 units	CMM	7/1/2012	10/1/2012	
J0598	Injection C-1 Esterase inhibitor (Human) (Cinryze), Units	CMM	7/1/2012	10/1/2012	
J0638	Injection, canakinumab, 1 mg (Ilaris)	CMM	10/1/2020	1/1/2021	
J0717	Injection, certolizumab pegol, 1 mg	CMM	4/1/2018	7/1/2018	
J0775	Injection, Collagenase, Clostridium Histolyticum, 0.01 mg (Xiafelx)	CMM		7/1/2020	
J0791	Injection, crizanlizumab-tmca, 5 mg (Adakvo)	CMM		7/1/2020	
J0800	Injection, Corticotropin (HP Actar Gel) up to 40 units	CMM	7/1/2012	10/1/2012	
J0896	Injection, luspatercept-aamt, 0.25 mg (Reblozyl)	CMM		7/1/2020	

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J0897	Injection, denosumab, 1 mg (Prolia/Xgeva) for <u>non oncology indications</u> prior review required for all members	CMM		1/1/2012	
J1290	Injection, Ecallantide (Kalbitor) 1 mg	CMM	7/1/2012	10/1/2012	
J1300	Injection, Eculizumab, 10mg (Soliris™)	CMM	10/1/2014	1/1/2015	
J1301	Injection, edaravone, 1 mg (Radicava™)	CMM		1/1/2019	
J1302	Injection, sutimlimab-jome, 10 mg	CMM		10/1/2022	
J1303	Injection, ravulizumab-cwvz, 10 mg (Ultomiris™)	CMM		10/1/2019	
J1306	Injection, inclisiran, 1 mg (Leqvio)	CMM		7/1/2022	
J1322	Injection, elosulfase alfa, 1 mg	CMM	7/1/2017	10/1/2017	
J1325	Injection, epoprostenol, 0.5 mg	CMM		4/1/2011	
J1426(i)	Injection, casimersen, 10 mg (Amondys 45)	CMM		10/1/2021	
J1427(i)	Injection, viltolarsen, 10 mg (Viltepso)	CMM		4/1/2021	
J1428(i)	Injection, eteplirsen, 10 mg (Exondys 51™)	CMM		4/1/2017	
J1429(i)	Injection, golodirsen, 10 mg (Vyondys 53)	CMM		7/1/2020	
J1437	Injection, ferric derisomaltose, 10 mg (Monoferric)	CMM	7/1/2021	10/1/2021	
J1439	Injection, ferric carboxymaltose, 1 mg (Injectafer)	CMM	7/1/2021	10/1/2021	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J1447	Injection, tbo-filgrastim, 1 microgram OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J1458	Injection, galsulfase, 1 mg	CMM	10/1/2016	1/1/2017	
J1459	injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	CMM		1/1/2010	
J1551	Injection, immune globulin, 100 mg (Cutaquig)	CMM		7/1/2022	
J1554	Injection, immune globulin (Asceniv), 500 mg	CMM	1/1/2021	4/1/2021	
J1555	Injection, immune globulin (Cuvitru), 100 mg	CMM		1/1/2018	
J1556	Injection, immune globulin (Bivigam), 500 mg	CMM		1/1/2014	
J1557	Injection, Immune Globulin (Gammaplex) IV, non-lyophilized (E.G. LIQUID), 500MG-	CMM		1/1/2012	
J1558	Injection, immune globulin, 100 mg (Xembify)	CMM		7/1/2020	
J1559	Injection, Immune Globulin (Hizentra), 100 mg	CMM		7/1/2010	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	CMM		1/1/2010	
J1566	injection, immune globulin, intravenous, lyophilized(eg., powder), not otherwise specified, 500 mg	CMM		1/1/2010	
J1568	injection, immune globulin, (octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	CMM		1/1/2010	

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J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e. g. Liquid), 500 mg	CMM		1/1/2010	
J1572	injection , immune globulin, (flebogamma/flebogamma dif), intravenous, nonlyophilized (e.g., liquid) 500 mg	CMM		1/1/2010	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	CMM		1/1/2016	
J1599	Injection, Immune Globulin, Intravenous, Non Lyophilized (E.G.Liquid), Not otherwise Specified, 500 mg	CMM		1/1/2011	
J1602	Injection, golimumab, 1 mg, for intravenous use	CMM		1/1/2014	
J1628	Injection, guselkumab, 1 mg (Tremfya)	CMM	7/1/2020	10/1/2020	
J1632	Injection, brexanolone, 1 mg (Zulresso™)	CMM		10/1/2020	
J1743	Injection, idursulfase, 1 mg	CMM	7/1/2017	10/1/2017	
J1744	Injection, icatibant, 1 mg	CMM	4/1/2013	7/1/2013	
J1745	Injection, infliximab, excludes biosimilar, 10 mg (REMICADE)	CMM		7/1/2008	
J1746	Injection, ibalizumab-uiyk, 10 mg	CMM		1/1/2019	
J1786	Injection, imiglucerase, 10 units	CMM	7/1/2015	10/1/2015	
J1823	Injection, inebilizumab-cdon, 1 mg (Uplizna)	CMM		1/1/2021	
J1930	Injection, lanreotide, 1 mg	CMM	10/1/2016	1/1/2017	
J1931	Injection, laronidase, 0.1 mg	CMM		7/1/2017	
J1932	Injection, lanreotide, (ciplra), 1 mg	CMM		10/1/2022	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J1952	Leuprolide injectable, camcevi, 1 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J2182	Injection, mepolizumab, 1 mg	CMM		1/1/2017	
J2323	Injection, natalizumab, 1 mg	CMM		4/1/2011	
J2326	Injection, nusinersen, 0.1 mg (Spinraza)	CMM		4/1/2017	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	CMM		1/1/2023	
J2350	Injection, ocrelizumab, 1 mg (Ocrevus)	CMM		6/15/2017	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	CMM	10/1/2016	1/1/2017	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	CMM	10/1/2016	1/1/2017	

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J2356	Injection, tezepelumab-ekko, 1 mg (Tezspire)	CMM		7/1/2022	
J2357	Injection, omalizumab, 5 mg	CMM		9/6/2006	
J2502	Injection, pasireotide long acting, 1 mg (Signifor LAR)	CMM		1/1/2016	
J2503	Injection, pegaptanib sodium, 0.3 mg (Macugen)	CMM	7/1/2021	10/1/2021	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J2507	INJECTION, PEGLOTICASE, 1 MG [Krystexxa]	CMM	7/1/2020	10/1/2020	
J2777	Injection, faricimab-svoa, 0.1 mg	CMM		10/1/2022	
J2778	Injection, ranibizumab, 0.1 mg (Lucentis)	CMM	7/1/2021	10/1/2021	
J2779	Injection, ranibizumab, via intravitreal implant, 0.1 mg (Susvimo)	CMM		7/1/2022	
J2786	Injection, reslizumab, 1 mg	CMM		1/1/2017	
J2796	Injection, romiplostim, 10 micrograms (NPlate)	CMM	10/1/2016	1/1/2017	
J2820	Injection, sargramostim (gm-csf), 50 mcg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J2840	Injection, sebelipase alfa, 1 mg (Kanuma)	CMM	7/1/2015	10/1/2015	
J2998	Injection, plasminogen, human-tvmh, 1 mg (Ryplazim)	CMM		7/1/2022	
J3032	Injection, eptinezumab-jjmr, 1 mg (Vyepti™)	CMM		10/1/2020	
J3060	Injection, taliglucerase alfa, 10 units	CMM	7/1/2015	10/1/2015	
J3111	Injection, romosozumab-aqqg, 1 mg (Evenity™)	CMM		10/1/2019	
J3241	Injection, teprotumumab-trbw, 10 mg (Tepezza)	CMM		10/1/2020	
J3245	Injection, tildrakizumab, 1 mg (Ilumya)	CMM	7/1/2020	10/1/2020	
J3262	Injection, Toclizumab,(Actemra) 1 mg	CMM		7/1/2010	
J3285	Injection, Treprostinil, 1 mg	CMM		4/1/2011	
J3315	Injection, triptorelin pamoate, 3.75 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J3316	Injection, triptorelin, extended-release, 3.75 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J3357	Injection, Ustekinumab, (Stelara) 1mg for subcutaneous injection,	CMM		7/1/2010	
J3358	Ustekinumab, for intravenous injection, 1 mg (Stelara IV)	CMM		1/1/2017	
J3380	Injection, vedolizumab, 1 mg (Entivyo)	CMM	7/1/2014	10/1/2014	
J3385	Injection, velaglucerase alfa, 100 units	CMM	7/1/2015	10/1/2015	
J3397	Injection, vestronidase alfa-vjbc, 1 mg	CMM		1/1/2019	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	CMM		1/1/2019	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes (Zolgensma)	CMM		7/1/2020	

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J3490*	Unclassified drugs	CMM			
J3490*	New to market speciality Drugs covered under medical benefits ** (regardless of the code used for Billing)	CMM	7/1/2017	10/1/2017	
J3490*	Lecanemab-irmb (Leqembi)	CMM		1/6/2023	
J3490*	Spesolimab-sbzo (Spevigo)	CMM	1/1/2023	4/1/2023	
J3490*	Nadofaragene firadenovec-vncg (Adstiladrin)	CMM		12/16/2022	
J3490*	Ublituximab-xiiy (Briumvi)	CMM		12/28/2022	
J3490*	Mosunetuzumab-axgb (Lunsumio)	CMM		12/22/2022	
J3490*	fecal microbiota, live - jslm (Rebyota)	CMM		11/30/2022	
J3490*	Etranacogene dezaparovec-drlb (Hemgenix)	CMM		11/22/2022	
J3490*	Teplizumab-mzwv (Tziel)	CMM		11/17/2022	
J3490*	Mirvetuximab soravtansine-gynx (Elahere)	CMM		11/14/2022	Effective 12/17/22 PA through AIM
J3490*	Teclistamab-cqyv (Tecvayli)	CMM		10/25/2022	Effective 12/17/22 PA through AIM
J3490*	Tremelimumab (Imjudo)	CMM		10/24/2022	Effective 12/17/22 PA through AIM
J3490*	Bevacizumab-adcd (Vegzelma)	CMM		9/27/2022	
J3490*	Elivaldogene autotemcel (Skysona)	CMM		9/16/2022	
J3490*	Eflapegastrim-xnst (Rolvedon)	CMM		9/9/2022	
J3490*	Pegfilgrastim-fpgk (Stimufend)	CMM		9/1/2022	
J3490*	Olipudase alfa-rpcp (Xenpozyme)	CMM		8/31/2022	
J3490*	Betibeglogene autotemcel (Zynteglo)	CMM		8/17/2022	
J3490*	Ranibizumab-eqrn (Cimerli)	CMM		8/2/2022	
J3490*	Risankizumab (Skyrizi)	CMM		6/17/2022	Effective 1/1/2023 use J2327
J3490*	Vutrisiran (Amvuttra)	CMM		6/13/2022	Effective 1/1/2023 use J0225
J3490*	Pegfilgrastim (Fynetra)	CMM		5/26/2022	
J3490*	Bevacizumab-maly (Alymsys)	CMM		4/18/2022	Effective 1/1/2023 use Q5126

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J3490*	Ciltacabtagene autoleucl (cilta-cel) (CARVIKTI)	CMM		2/28/2022	Effective 10/1/2022 use Q2056
J3490*	filgrastim-ayow (Releuko)	CMM		2/28/2022	Effective 10/1/2022 use Q5125
J3490*	Sutimlimab-jome (Enjaymo)	CMM		2/4/2022	Effective 10/1/2022 use J1302
J3490*	Faricimab-svoa (Vabysmo)	CMM		1/28/2022	Effective 10/1/2022 use J2777
J3490*	Tebentafusp-tebn (Kimmtak)	CMM		1/26/2022	Effective 10/1/2022 use J9274
J3490*	Allogeneic processed thymus tissue-agdc (Rethymic)	CMM		10/8/2021	
J3490*	Fosdenopterin (Nulibry)	CMM		2/26/2021	
J3490*	Letermovir (Prevymis™)	CMM		2/1/2018	
J3490*(i)	DaxibotulinumtoxinA-lanm (Daxxify)	CMM		9/8/2022	
J3590*	UNCLASSIFIED BIOLOGICALS	CMM			
J3590*	New to market speciality Drugs covered under medical benefits ** (regardless of the code used for Billing)	CMM	7/1/2017	10/1/2017	
J3590*	Lecanemab-irmb (Leqembi)	CMM		1/6/2023	
J3590*	Spesolimab-sbzo (Spevigo)	CMM	1/1/2023	4/1/2023	
J3590*	Nadofaragene firadenovec-vncg (Adstiladrin)	CMM		12/16/2022	
J3590*	Ublituximab-xiiy (Briumvi)	CMM		12/28/2022	
J3590*	Mosunetuzumab-axgb (Lunsumio)	CMM		12/22/2022	
J3590*	fecal microbiota, live - jslm (Rebyota)	CMM		11/30/2022	
J3590*	Etranacogene dezaparvovec-drlb (Hemgenix)	CMM		11/22/2022	
J3590*	Teplizumab-mzwv (Tzield)	CMM		11/17/2022	
J3590*	Mirvetuximab soravtansine-gynx (Elahere)	CMM		11/14/2022	Effective 12/17/22 PA through AIM
J3590*	Teclistamab-cqyv (Tecvayli)	CMM		10/25/2022	Effective 12/17/22 PA through AIM

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3590*	Tremelimumab (Imjudo)	CMM		10/24/2022	Effective 12/17/22 PA through AIM
J3590*	Bevacizumab-adcd (Vegzelma)	CMM		9/27/2022	
J3590*	Elivaldogene autotemcel (Skysona)	CMM		9/16/2022	
J3590*	Eflapegastrim-xnst (Rolvedon)	CMM		9/9/2022	
J3590*	Pegfilgrastim-fpgk (Stimufend)	CMM		9/1/2022	
J3590*	Olipudase alfa-rpcp (Xenpozyme)	CMM		8/31/2022	
J3590*	Betibeglogene autotemcel (Zynteglo)	CMM		8/17/2022	
J3590*	Ranibizumab-eqrn (Cimerli)	CMM		8/2/2022	
J3590*	Risankizumab (Skyrizi)	CMM		6/17/2022	Effective 1/1/2023 use J2327
J3590*	Vutrisiran (Amvuttra)	CMM		6/13/2022	Effective 1/1/2023 use J0225
J3590*	Pegfilgrastim (Fynetra)	CMM		5/26/2022	
J3590*	Bevacizumab-maly (AlymSYS)	CMM		4/18/2022	Effective 1/1/2023 use Q5126
J3590*	Ciltacabtagene autoleucel (cilta-cel) (CARVIKTI)	CMM		2/28/2022	Effective 10/1/2022 use Q2056
J3590*	filgrastim-ayow (Releuko)	CMM		2/28/2022	Effective 10/1/2022 use Q5125
J3590*	Sutimlimab-jome (Enjaymo)	CMM		2/4/2022	Effective 10/1/2022 use J1302
J3590*	Faricimab-svoa (Vabysmo)	CMM		1/28/2022	Effective 10/1/2022 use J2777
J3590*	Tebentafusp-tebn (Kimmtak)	CMM		1/26/2022	Effective 10/1/2022 use J9274
J3590*	Fosdenopterin (Nulibry)	CMM		2/26/2021	
J3590*	Lumasiran (Oxlumo)	CMM		11/23/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3590*	Brexucabtagene autoleucel (Tecartus)	CMM		7/24/2020	
J3590*(i)	DaxibotulinumtoxinA-lanm (Daxxify)	CMM		9/8/2022	
J7318	Hyaluronan or derivative, Durolane , for intra-articular injection, 1 mg	CMM		1/1/2019	
J7320	Hyaluronan or derivative, Genvisc 850 , for intra-articular injection, 1 mg	CMM		1/1/2017	
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3 , for intra-articular injection, per dose	CMM	10/15/2013	1/15/2014	
J7322	Hyaluronan or derivative, Hymovis , for intra-articular injection, 1 mg	CMM		1/1/2017	
J7323	Hyaluronan or derivative, Euflexxa , for intra-articular injection, per dose	CMM	10/1/2018	1/1/2019	
J7324	Hyaluronan or derivative, Orthovisc , for intra-articular injection, per dose	CMM	10/15/2013	1/15/2014	
J7325	Hyaluronan or derivative, Synvisc or Synvisc-one , for intra-articular injection, 1 mg	CMM	10/1/2018	1/1/2019	
J7326	Hyaluronan or derivative, Gel-one , for intra-articular injection, per dose	CMM	10/15/2013	1/15/2014	
J7327	Hyaluronan or derivative, Monovisc , for intra-articular injection, per dose	CMM		4/1/2015	
J7328	Hyaluronan or derivative, Gelsyn-3 , for intra-articular injection, 0.1 mg	CMM		1/1/2016	
J7329	Hyaluronan or derivative, Trivisc , for intra-articular injection, 1 mg	CMM		1/1/2019	
J7330	Autologous cultured chondrocytes, implant	Blue Cross NC		10/1/2006	
J7331	Hyaluronan or derivative, Synjoynnt , for intra-articular injection, 1 mg	CMM		10/1/2019	
J7332	Hyaluronan or derivative, Triluron , for intra-articular injection, 1 mg	CMM		10/1/2019	
J7333	Hyaluronan or derivative, Visco-3 , for intra-articular injection, per dose	CMM		7/1/2020	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram (DURYSTA™)	CMM		10/1/2020	
J7402	Mometasone furoate sinus implant, 10 micrograms (Sinuva)	Blue Cross NC		4/1/2021	
J7686	Treprostinil, inhalation solution, 1.74 mg unit dose form non-compounded administered through DME	CMM		4/1/2011	
J9035	Injection, bevacizumab, 10 mg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J9202	Goserelin acetate implant, per 3.6 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J9210	Injection, emapalumab-lzsg, 1 mg (Gamifant™)	CMM		10/1/2019	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	
J9226	Histrelin implant (Supprelin LA), 50 mg for non oncology indications prior review required for all members	CMM	1/1/2023	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J9311	Injection, rituximab 10 mg and hyaluronidase (Rituxan Hyclea®) OUTPATIENT AND PROFESSIONAL USE	CMM		10/1/2022	
J9312	Injection, rituximab, 10 mg (Rituxan) OUTPATIENT AND PROFESSIONAL USE (Oncology Diagnoses)	CMM		6/1/2022	
J9312	Injection, rituximab, 10 mg (Rituxan) prior review required for the diagnosis OF RHEUMATOID Arthritis.	CMM		1/1/2019	
J9332	Injection, efgartigimod alfa-fcab, 2mg (Vygart)	CMM		7/1/2022	
J9355	Injection, trastuzumab, 10 mg (Herceptin) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk (Herceptin Hylectra) OUTPATIENT AND PROFESSIONAL USE	CMM		10/1/2022	
J9600	Injection, porfimer sodium, 75 mg (Photofrin)	Blue Cross NC	10/1/2020	1/1/2021	
J9999*	Idecabtagene vicleucel(Abecma)	CMM		3/26/2021	Effective 1/1/2022 use Q2055
J9999*	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	CMM			
J9999*	New to market speciality Drugs covered under medical benefits ** (regardless of the code used for Billing)	CMM	7/1/2017	10/1/2017	
J9999*	Nadofaragene firadenovec-vncg (Adstiladrin)	CMM		12/16/2022	
J9999*	Mosunetuzumab-axgb (Lunsumio)	CMM		12/22/2022	
J9999*	Mirvetuximab soravtansine-gynx (Elahere)	CMM		11/14/2022	Effective 12/17/22 PA through AIM
J9999*	Teclistamab-cqyv (Tecvayli)	CMM		10/25/2022	Effective 12/17/22 PA through AIM
J9999*	Tremelimumab (Imjudo)	CMM		10/24/2022	Effective 12/17/22 PA through AIM
J9999*	Bevacizumab-adcd (Vegzelma)	CMM		9/27/2022	Effective 1/1/2023 use J0225
J9999*	Eflapegrastim-xnst (Rolvedon)	CMM		9/9/2022	
J9999*	Pegfilgrastim-fpgk (Stimufend)	CMM		9/1/2022	
J9999*	Vutrisiran (Amvuttra)	CMM		6/13/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J9999*	Bevacizumab-maly (Alymsys)	<u>CMM</u>		4/18/2022	Effective 1/1/2023 use Q5126
J9999*	Ciltacabtagene autoleucel (cilta-cel) (CARVIKTI)	<u>CMM</u>		2/28/2022	Effective 10/1/2022 use Q2056
J9999*	filgrastim-ayow (Releuko)	<u>CMM</u>		2/28/2022	Effective 10/1/2022 use Q5125
J9999*	Sutimlimab-jome (Enjaymo)	<u>CMM</u>		2/4/2022	Effective 10/1/2022 use J1302
J9999*	Tebentafusp-tebn (Kimmtak)	<u>CMM</u>		1/26/2022	Effective 10/1/2022 use J9274
K0108	Other accessories **WITH PURCHASE PRICE OF \$1500.00 AND ABOVE***	Blue Cross NC		10/1/2006	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Blue Cross NC		10/1/2007	
K0743	Suction pump, home model, portable, for use on wounds	Blue Cross NC		7/1/2011	
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Blue Cross NC		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	Blue Cross NC		7/1/2011	
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Blue Cross NC		7/1/2011	
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Blue Cross NC		10/1/2006	
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Blue Cross NC		10/1/2006	
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Blue Cross NC		10/1/2006	
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Blue Cross NC		10/1/2006	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Blue Cross NC		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	Blue Cross NC		10/1/2006	
K0900	Customized durable medical equipment, other than wheelchair	Blue Cross NC		7/1/2013	
K1001 [i]	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Blue Cross NC	7/1/2020	10/1/2020	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Blue Cross NC		4/1/2021	
K1016(i)	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Blue Cross NC		4/1/2021	
K1017(i)	Monthly supplies for use of device coded at k1016	Blue Cross NC		4/1/2021	
K1018(i)	External upper limb tremor stimulator of the peripheral nerves of the wrist	Blue Cross NC		4/1/2021	
K1019(i)	Monthly supplies for use of device coded at k1018	Blue Cross NC		4/1/2021	
K1020(i)	Non-invasive vagus nerve stimulator	Blue Cross NC		4/1/2021	
K1021(i)	Exsufflation belt, includes all supplies and accessories	Blue Cross NC		10/1/2021	
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Blue Cross NC		10/1/2021	
K1023(i)	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Blue Cross NC		10/1/2021	
K1027(i)	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Blue Cross NC		10/1/2021	
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	Blue Cross NC		4/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	Blue Cross NC		4/1/2022	
K1030(i)	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Blue Cross NC		4/1/2022	
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	Blue Cross NC		1/1/2020	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Blue Cross NC		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	Blue Cross NC		7/1/2005	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Blue Cross NC		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	Blue Cross NC		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)	Blue Cross NC		1/1/2013	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Blue Cross NC		1/1/2014	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Blue Cross NC		1/1/2010	
L5999	Lower extremity prosthesis, not otherwise specified ***WITH PURCHASE PRICE OF \$10,000 AND ABOVE***	Blue Cross NC	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)	Blue Cross NC		1/1/2015	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Blue Cross NC		1/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Blue Cross NC		1/1/2006	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Blue Cross NC		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	Blue Cross NC		7/1/2005	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Blue Cross NC		7/1/2005	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Blue Cross NC		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.	Blue Cross NC		1/1/2012	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Blue Cross NC		1/1/2012	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Blue Cross NC		7/1/2005	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Blue Cross NC		7/1/2005	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Blue Cross NC		1/1/2006	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Blue Cross NC		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	Blue Cross NC		7/1/2005	
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	Blue Cross NC		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	Blue Cross NC		7/1/2005	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		7/1/2005	
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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		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	Blue Cross NC		7/1/2005	

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L7007	Electric hand, switch or myoelectric controlled, adult	Blue Cross NC		1/1/2007	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Blue Cross NC		1/1/2007	
L7009	Electric hook, switch or myoelectric controlled, adult	Blue Cross NC		1/1/2007	
L7040	Prehensile actuator, switch controlled	Blue Cross NC		7/1/2005	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Blue Cross NC	4/1/2013	7/1/2013	
L7170	Electronic elbow, hosmer or equal, switch controlled	Blue Cross NC		7/1/2005	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Blue Cross NC		7/1/2005	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Blue Cross NC	4/1/2013	7/1/2013	
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Blue Cross NC		7/1/2005	
L7186	Electronic elbow, child, variety village or equal, switch controlled	Blue Cross NC		7/1/2005	
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	Blue Cross NC		7/1/2005	
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	Blue Cross NC		7/1/2005	
L7259	Electronic wrist rotator, any type	Blue Cross NC		1/1/2015	
L7367	Lithium ion battery, rechargeable, replacement	Blue Cross NC		7/1/2005	
L7368	Lithium ion battery charger, replacement only	Blue Cross NC		7/1/2005	

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I7499	Upper extremity prosthesis, not otherwise specified ***WITH PURCHASE PRICE OF \$10,000 AND ABOVE***	Blue Cross NC	1/1/2014	4/1/2014	
L8605(i)	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	Blue Cross NC	1/1/2014	4/1/2014	
L8614	Cochlear device, includes all internal and external components	Blue Cross NC		7/1/2005	
L8615	Headset/headpiece for use with cochlear implant device, replacement	Blue Cross NC		7/1/2005	
L8616	Microphone for use with cochlear implant device, replacement	Blue Cross NC		7/1/2005	
L8617	Transmitting coil for use with cochlear implant device, replacement	Blue Cross NC		7/1/2005	
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	Blue Cross NC		7/1/2005	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Blue Cross NC		7/1/2005	
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	Blue Cross NC		7/1/2005	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Blue Cross NC		7/1/2005	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Blue Cross NC		1/1/2006	
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	Blue Cross NC		1/1/2006	
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Blue Cross NC		1/1/2018	
L8627	Cochlear implant, external speech processor, component, replacement	Blue Cross NC		1/1/2010	
L8628	Cochlear implant, external controller component, replacement	Blue Cross NC		1/1/2010	

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L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Blue Cross NC		1/1/2010	
L8690	Auditory osseointegrated device, includes all internal and external components (Duke ASO group only)	Blue Cross NC		1/1/2007	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each (Duke ASO group only)	Blue Cross NC		1/1/2007	
L8693	Auditory Osseointegrated Device abutment, any length, replacement only (Duke ASO group only)	Blue Cross NC		1/1/2011	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each (Duke ASO group only)	Blue Cross NC		1/1/2018	
L8695(i)	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) (when used for Occipital Nerve Stimulation)	Blue Cross NC	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	Blue Cross NC		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	Blue Cross NC		1/1/2019	
P9020 [i]	Platelet rich plasma, each unit	Blue Cross NC	7/1/2020	10/1/2020	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (Feraheme)	CMM	7/1/2021	10/1/2021	
Q2026	Injection, Radiesse, 0.1 ml	Blue Cross NC	7/1/2015	10/1/2015	
Q2028	Injection, sculptra, 0.5 mg	Blue Cross NC	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	CMM		4/1/2018	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	CMM		1/1/2019	

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Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Tecartus)	CMM		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. (Breyanzi)	CMM		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	CMM		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”	CMM		10/1/2022	
Q4074	Iloprost, inhalation Solution, non-compounded, up to 20 mcg unit dose form administered through dme	CMM		4/1/2011	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	CMM		4/1/2018	
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	CMM		4/1/2018	
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	CMM	4/1/2022	7/1/2022	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar,(Fulphila™), 0.5 mg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	CMM		1/1/2019	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg (Truxima) (prior review required for the diagnosis OF RHEUMATOID Arthritis.	CMM	7/1/2020	10/1/2020	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg Prior review required for the diagnosis OF RHEUMATOID Arthritis.	CMM	7/1/2020	10/1/2020	
Q5121	Injection,Infliximab-axxq , biosimilar,(Avsola), 10mg	CMM		7/1/2020	
Q5122	Injection, pegfilgrastim-apgf, biosimilar 0.5 mg, (Nyvepria) OUTPATIENT AND PROFESSIONAL USE	CMM		6/1/2022	

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Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg Prior review required for the diagnosis OF RHEUMATOID Arthritis.	CMM		7/1/2021	
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg OUTPATIENT AND PROFESSIONAL USE (Oncology diagnoses only)	CMM		6/1/2022	
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	CMM		4/1/2022	
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	CMM		10/1/2022	
Q5126	Injection, bevacizumab-maly, biosimilar, (alymSYS), 10 mg	CMM		1/1/2023	
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	CMM		7/1/2018	
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	CMM		7/1/2018	
S0013	Esketamine, nasal spray, 1 mg (Spravato)	CMM		1/1/2021	
S0189	Testosterone pellet, 75mg	CMM	10/1/2015	1/1/2016	
S1091	Stent, non-coronary, temporary, with delivery system (Propel)	Blue Cross NC		4/1/2021	
S2053	Transplantation of small intestine and liver allografts	Blue Cross NC		1/1/2009	
S2054	Transplantation of multivisceral organs	Blue Cross NC		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.)	Blue Cross NC		7/1/2005	
S2080	Laser-assisted uvulopalatoplasty (laup)	Blue Cross NC		7/1/2005	
S2102	Islet cell tissue transplant from pancreas; allogeneic	Blue Cross NC		7/1/2008	
S2112	Arthroscopy, knee, surgical or harvesting of cartilage, (chondrocyte cells)	Blue Cross NC		10/1/2006	
S2117 [i]	Arthroereisis, subtalar	Blue Cross NC	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	Blue Cross NC		7/1/2005	

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S2230 [i]	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Blue Cross NC	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	Blue Cross NC		1/1/2012	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	AVALON	1/1/2019	4/1/2019	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	AVALON	1/1/2019	4/1/2019	
S3841	Genetic testing for retinoblastoma	AVALON	1/1/2019	4/1/2019	
S3842	Genetic testing for Von Hippel-Lindau disease	AVALON	1/1/2019	4/1/2019	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	AVALON	1/1/2019	4/1/2019	
S3845	Genetic testing for alpha thalassemia	AVALON	1/1/2019	4/1/2019	
S3846	Genetic testing for hemoglobin E beta-thalassemia	AVALON	1/1/2019	4/1/2019	
S3849	Genetic testing for Niemann-Pick disease	AVALON	1/1/2019	4/1/2019	
S3850	Genetic testing for sickle cell anemia	AVALON	1/1/2019	4/1/2019	
S3853	Genetic testing for muscular dystrophy	AVALON	1/1/2019	4/1/2019	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	AVALON	1/1/2019	4/1/2019	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	AVALON	1/1/2019	4/1/2019	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	AVALON	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	AVALON	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	AVALON	1/1/2019	4/1/2019	
S5110	Home care training, family; per 15 minutes	Blue Cross NC		1/1/2006	
S5111	Home care training, family; per session	Blue Cross NC		1/1/2006	
S5115	Home care training, non-family; per 15 minutes	Blue Cross NC		1/1/2006	
S5116	Home care training, non-family; per session	Blue Cross NC		1/1/2006	

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S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Blue Cross NC	4/1/2013	7/1/2013	
S8035	Magnetic source imaging	Blue Cross NC		10/4/2008	
S8130(i)	Interferential current stimulator, 2 channel	Blue Cross NC		1/1/2012	
S8131(i)	Interferential current stimulator, 4 channel	Blue Cross NC		1/1/2012	
S8948 [i]	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Blue Cross NC	7/1/2020	10/1/2020	
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	Blue Cross NC		1/1/2006	
S9090 [i]	Vertebral axial decompression, per session	Blue Cross NC	7/1/2020	10/1/2020	
S9097	Home visit for wound care	Blue Cross NC		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	Blue Cross NC		7/5/2009	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Blue Cross NC		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)	Blue Cross NC		7/1/2005	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Blue Cross NC		1/1/2006	
S9125	Respite care, in the home, per diem	Blue Cross NC		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)	Blue Cross NC		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)	Blue Cross NC		1/1/2005	
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	Blue Cross NC		1/1/2006	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Blue Cross NC		1/1/2014	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Blue Cross NC		1/1/2014	
V5095 [i]	Semi-implantable middle ear hearing prosthesis	Blue Cross NC	7/1/2020	10/1/2020	

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