

Effective 1/1/2023, The PPA lists list for the 4 Carelon Medical Benefits Management (formerly American Imaging Management) programs have been combined into one list to eliminate the need to search on various lists.

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

Oncology= Oncology

Sleep= Sleep Study

DIM=Diagnostic Imaging

Cardiology=Cardiology

MSK=Musculoskeletal

SURG=Surgical

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

If the member's group is not enrolled in the Carelon program indicated, PPA is not required for that procedure/drug in the specified place of service. Please refer to the [Blue Cross PPA list](#) to ensure PPA is not required as well.

If you have questions regarding this list, please contact DiagnosticImaging.Management@bcbsnc.com 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
00530	Anesthesia for permanent transvenous pacemaker insertion OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
00540	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lamina fragments) obtained from same incision (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	<u>MSK</u>	7/1/2023	10/1/2023	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code f	<u>MSK</u>	7/1/2023	10/1/2023	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	<u>MSK</u>	7/1/2023	10/1/2023	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	<u>MSK</u>	7/1/2023	10/1/2023	

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22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	<u>MSK</u>	7/1/2023	10/1/2023	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	<u>MSK</u>	7/1/2023	10/1/2023	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	<u>MSK</u>	7/1/2023	10/1/2023	

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22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	<u>MSK</u>	7/1/2023	10/1/2023	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	<u>MSK</u>	7/1/2023	10/1/2023	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	<u>MSK</u>	7/1/2023	10/1/2023	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	<u>MSK</u>	7/1/2023	10/1/2023	

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22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	<u>MSK</u>	7/1/2023	10/1/2023	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	<u>MSK</u>	7/1/2023	10/1/2023	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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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)	<u>MSK</u>	7/1/2023	10/1/2023	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	<u>MSK</u>	7/1/2023	10/1/2023	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	<u>MSK</u>	7/1/2023	10/1/2023	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	<u>MSK</u>	7/1/2023	10/1/2023	
22830	Exploration of spinal fusion	<u>MSK</u>	7/1/2023	10/1/2023	

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22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	<u>MSK</u>	7/1/2023	10/1/2023	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22849	Reinsertion of spinal fixation device	<u>MSK</u>	7/1/2023	10/1/2023	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inter	<u>MSK</u>	7/1/2023	10/1/2023	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete)	<u>MSK</u>	7/1/2023	10/1/2023	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	<u>MSK</u>	7/1/2023	10/1/2023	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary	<u>MSK</u>	7/1/2023	10/1/2023	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	<u>MSK</u>	7/1/2023	10/1/2023	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	<u>MSK</u>	7/1/2023	10/1/2023	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	<u>MSK</u>	7/1/2023	10/1/2023	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	<u>MSK</u>	7/1/2023	10/1/2023	
23120	Claviclectomy; partial	<u>MSK</u>	7/1/2023	10/1/2023	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	<u>MSK</u>	7/1/2023	10/1/2023	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	<u>MSK</u>	7/1/2023	10/1/2023	

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23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	<u>MSK</u>	7/1/2023	10/1/2023	
23415	Coracoacromial ligament release, with or without acromioplasty	<u>MSK</u>	7/1/2023	10/1/2023	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	<u>MSK</u>	7/1/2023	10/1/2023	
23430	Tenodesis of long tendon of biceps	<u>MSK</u>	7/1/2023	10/1/2023	
23440	Resection or transplantation of long tendon of biceps	<u>MSK</u>	7/1/2023	10/1/2023	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	<u>MSK</u>	7/1/2023	10/1/2023	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
23460	Capsulorrhaphy, anterior, any type; with bone block	<u>MSK</u>	7/1/2023	10/1/2023	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	<u>MSK</u>	7/1/2023	10/1/2023	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	<u>MSK</u>	7/1/2023	10/1/2023	
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	<u>MSK</u>	7/1/2023	10/1/2023	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	<u>MSK</u>	7/1/2023	10/1/2023	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	<u>MSK</u>	7/1/2023	10/1/2023	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	<u>MSK</u>	7/1/2023	10/1/2023	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	<u>MSK</u>	7/1/2023	10/1/2023	

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23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	<u>MSK</u>	7/1/2023	10/1/2023	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	<u>MSK</u>	7/1/2023	10/1/2023	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	<u>MSK</u>	7/1/2023	10/1/2023	
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	<u>MSK</u>	7/1/2023	10/1/2023	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	<u>MSK</u>	7/1/2023	10/1/2023	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	<u>MSK</u>	7/1/2023	10/1/2023	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	<u>MSK</u>	7/1/2023	10/1/2023	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	<u>MSK</u>	7/1/2023	10/1/2023	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	<u>MSK</u>	7/1/2023	10/1/2023	
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	<u>MSK</u>		1/1/2024	

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27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	<u>MSK</u>	7/1/2023	10/1/2023	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	<u>MSK</u>	7/1/2023	10/1/2023	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	<u>MSK</u>	7/1/2023	10/1/2023	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	<u>MSK</u>	7/1/2023	10/1/2023	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	<u>MSK</u>	7/1/2023	10/1/2023	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	<u>MSK</u>	7/1/2023	10/1/2023	
27345	Excision synovial cyst popliteal space	<u>MSK</u>	7/1/2023	10/1/2023	
27403	Arthrotomy with meniscus repair, knee	<u>MSK</u>	7/1/2023	10/1/2023	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	<u>MSK</u>	7/1/2023	10/1/2023	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	<u>MSK</u>	7/1/2023	10/1/2023	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	<u>MSK</u>	7/1/2023	10/1/2023	
27412	Autologous chondrocyte implantation, knee	<u>MSK</u>	7/1/2023	10/1/2023	
27415	Osteochondral allograft, knee, open	<u>MSK</u>	7/1/2023	10/1/2023	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	<u>MSK</u>	7/1/2023	10/1/2023	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	MSK	7/1/2023	10/1/2023	
27424	Reconstruction of dislocating patella; with patellectomy	MSK	7/1/2023	10/1/2023	
27425	Lateral retinacular release, open	MSK	7/1/2023	10/1/2023	
27427	Ligamentous reconstruction knee extra-articular	MSK	7/1/2023	10/1/2023	
27428	Ligamentous reconstruction knee intra-articular	MSK	7/1/2023	10/1/2023	
27429	Ligamentous reconstruction knee intra-articular xtr	MSK	7/1/2023	10/1/2023	
27437	Arthroplasty, patella; without prosthesis	MSK	7/1/2023	10/1/2023	
27438	Arthroplasty, patella; with prosthesis	MSK	7/1/2023	10/1/2023	
27440	Arthroplasty, knee; tibial plateau	MSK	7/1/2023	10/1/2023	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	MSK	7/1/2023	10/1/2023	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	MSK	7/1/2023	10/1/2023	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	MSK	7/1/2023	10/1/2023	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	MSK	7/1/2023	10/1/2023	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	MSK	7/1/2023	10/1/2023	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	MSK	7/1/2023	10/1/2023	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	MSK	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	<u>MSK</u>	7/1/2023	10/1/2023	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	<u>MSK</u>	7/1/2023	10/1/2023	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	<u>MSK</u>	7/1/2023	10/1/2023	
27702	Arthroplasty, ankle; with implant (total ankle)	<u>MSK</u>	7/1/2023	10/1/2023	
27703	Arthroplasty, ankle; revision, total ankle	<u>MSK</u>	7/1/2023	10/1/2023	
27704	Removal of ankle implant	<u>MSK</u>	7/1/2023	10/1/2023	
27870	Arthrodesis, ankle, open	<u>MSK</u>	7/1/2023	10/1/2023	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	<u>MSK</u>	7/1/2023	10/1/2023	
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	<u>MSK</u>	7/1/2023	10/1/2023	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	<u>MSK</u>	7/1/2023	10/1/2023	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	<u>MSK</u>	7/1/2023	10/1/2023	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	<u>MSK</u>	7/1/2023	10/1/2023	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	<u>MSK</u>	7/1/2023	10/1/2023	
28315	Sesamoidectomy, first toe (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	<u>MSK</u>	7/1/2023	10/1/2023	
28750	Arthrodesis, great toe; metatarsophalangeal joint	<u>MSK</u>	7/1/2023	10/1/2023	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	<u>MSK</u>	7/1/2023	10/1/2023	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	<u>MSK</u>	7/1/2023	10/1/2023	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	<u>MSK</u>	7/1/2023	10/1/2023	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	<u>MSK</u>	7/1/2023	10/1/2023	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	<u>MSK</u>	7/1/2023	10/1/2023	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	<u>MSK</u>	7/1/2023	10/1/2023	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	<u>MSK</u>	7/1/2023	10/1/2023	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	<u>MSK</u>	7/1/2023	10/1/2023	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	<u>MSK</u>	7/1/2023	10/1/2023	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	<u>MSK</u>	7/1/2023	10/1/2023	
29863	Arthroscopy, hip, surgical; with synovectomy	<u>MSK</u>	7/1/2023	10/1/2023	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	<u>MSK</u>	7/1/2023	10/1/2023	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	<u>MSK</u>	7/1/2023	10/1/2023	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	<u>MSK</u>	7/1/2023	10/1/2023	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	<u>MSK</u>	7/1/2023	10/1/2023	
29873	Arthroscopy, knee, surgical; with lateral release	<u>MSK</u>	7/1/2023	10/1/2023	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	<u>MSK</u>	7/1/2023	10/1/2023	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	<u>MSK</u>	7/1/2023	10/1/2023	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	<u>MSK</u>	7/1/2023	10/1/2023	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	<u>MSK</u>	7/1/2023	10/1/2023	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	<u>MSK</u>	7/1/2023	10/1/2023	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	<u>MSK</u>	7/1/2023	10/1/2023	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	<u>MSK</u>	7/1/2023	10/1/2023	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	<u>MSK</u>	7/1/2023	10/1/2023	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	<u>MSK</u>	7/1/2023	10/1/2023	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	<u>MSK</u>	7/1/2023	10/1/2023	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	<u>MSK</u>	7/1/2023	10/1/2023	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	<u>MSK</u>	7/1/2023	10/1/2023	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	<u>MSK</u>	7/1/2023	10/1/2023	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	<u>MSK</u>	7/1/2023	10/1/2023	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	<u>MSK</u>	7/1/2023	10/1/2023	
29916	Arthroscopy, hip, surgical; with labral repair	<u>MSK</u>	7/1/2023	10/1/2023	
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33212	Insertion of pacemaker pulse generator only; single existing single lead OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33213	Insertion of pacemaker pulse generator only; with existing dual leads OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33215	Repositioning of previously implanted transvenous pacemaker or ICD (right atrial or right ventricular) electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33221	Insertion of pacemaker pulse generator only; with existing multiple leads OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33222	Relocation of skin pocket for pacemaker OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33223	Relocation of skin pocket for implantable defibrillator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	7/1/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33227	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33228	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator; dual lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33233	Removal of permanent pacemaker pulse generator only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33235	Removal of transvenous pacemaker electrode(s); dual lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33238	Removal of permanent transvenous electrode(s) by thoracotomy OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33241	Removal of implantable defibrillator pulse generator only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33271	Insertion of subcutaneous implantable defibrillator electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33272	Removal of subcutaneous implantable defibrillator electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
37221*	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
37223*	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
37224*	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
37225*	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
37226*	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
37227*	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
37228*	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
37229*	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
37230*	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
37231*	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
37232*	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
37233*	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
37234*	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
37235*	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	7/1/2023
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	MSK	7/1/2023	10/1/2023	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	MSK	7/1/2023	10/1/2023	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	MSK	7/1/2023	10/1/2023	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	MSK	7/1/2023	10/1/2023	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thora	MSK	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thora	<u>MSK</u>	7/1/2023	10/1/2023	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	<u>MSK</u>	7/1/2023	10/1/2023	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	<u>MSK</u>	7/1/2023	10/1/2023	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	<u>MSK</u>	7/1/2023	10/1/2023	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	<u>MSK</u>	7/1/2023	10/1/2023	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	<u>MSK</u>	7/1/2023	10/1/2023	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	<u>MSK</u>	7/1/2023	10/1/2023	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
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	<u>MSK</u>	7/1/2023	10/1/2023	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
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)	<u>MSK</u>	7/1/2023	10/1/2023	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	<u>MSK</u>	7/1/2023	10/1/2023	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	<u>MSK</u>	7/1/2023	10/1/2023	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63046	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; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
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	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	<u>MSK</u>	7/1/2023	10/1/2023	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	<u>MSK</u>	7/1/2023	10/1/2023	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	<u>MSK</u>	7/1/2023	10/1/2023	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	<u>MSK</u>	7/1/2023	10/1/2023	
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)	<u>MSK</u>	7/1/2023	10/1/2023	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	<u>MSK</u>	7/1/2023	10/1/2023	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	<u>MSK</u>	7/1/2023	10/1/2023	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	<u>MSK</u>	7/1/2023	10/1/2023	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	<u>MSK</u>	7/1/2023	10/1/2023	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately	<u>MSK</u>	7/1/2023	10/1/2023	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	<u>MSK</u>	7/1/2023	10/1/2023	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	<u>MSK</u>	7/1/2023	10/1/2023	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List se	<u>MSK</u>	7/1/2023	10/1/2023	
63185	Laminectomy with rhizotomy; 1 or 2 segments	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63190	Laminectomy with rhizotomy; more than 2 segments	<u>MSK</u>	7/1/2023	10/1/2023	
63191	Laminectomy with section of spinal accessory nerve	<u>MSK</u>	7/1/2023	10/1/2023	
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63200	Laminectomy, with release of tethered spinal cord, lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	<u>MSK</u>	7/1/2023	10/1/2023	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	<u>MSK</u>	7/1/2023	10/1/2023	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	<u>MSK</u>	7/1/2023	10/1/2023	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	<u>MSK</u>	7/1/2023	10/1/2023	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	<u>MSK</u>	7/1/2023	10/1/2023	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	<u>MSK</u>	7/1/2023	10/1/2023	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	<u>MSK</u>	7/1/2023	10/1/2023	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	<u>MSK</u>	7/1/2023	10/1/2023	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	<u>MSK</u>	7/1/2023	10/1/2023	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	<u>MSK</u>	7/1/2023	10/1/2023	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	<u>MSK</u>	7/1/2023	10/1/2023	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	<u>MSK</u>	7/1/2023	10/1/2023	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	<u>MSK</u>	7/1/2023	10/1/2023	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	<u>MSK</u>	7/1/2023	10/1/2023	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	<u>MSK</u>	7/1/2023	10/1/2023	
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	<u>MSK</u>	7/1/2023	10/1/2023	
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	<u>MSK</u>	7/1/2023	10/1/2023	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary proced	<u>MSK</u>	7/1/2023	10/1/2023	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co	<u>MSK</u>	7/1/2023	10/1/2023	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f	<u>MSK</u>	7/1/2023	10/1/2023	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	<u>MSK</u>	7/1/2023	10/1/2023	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	<u>MSK</u>	7/1/2023	10/1/2023	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	<u>Sleep</u>	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	<u>Sleep</u>	10/1/2022	1/1/2023	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	<u>Sleep</u>	10/1/2022	1/1/2023	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, single facet joint	<u>MSK</u>	7/1/2023	10/1/2023	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Cervical or thoracic, Each additional facet joint (list seperately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, single facet joint	<u>MSK</u>	7/1/2023	10/1/2023	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance(fluroscopy or CT);Lumbar or sacral, Each additional facet joint (list seperately in addition to code for primacy procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70450	Computed tomography, head or brain; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70460	Computed tomography, head or brain; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70486	Computed tomography, maxillofacial area; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70487	Computed tomography, maxillofacial area; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70490	Computed tomography, soft tissue neck; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70491	Computed tomography, soft tissue neck; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70544	Magnetic resonance angiography, head; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70545	Magnetic resonance angiography, head; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70547	Magnetic resonance angiography, neck; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
70548	Magnetic resonance angiography, neck; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71250	Computed tomography, thorax, diagnostic; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71260	Computed tomography, thorax, diagnostic; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2021	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
72125	Computed tomography, cervical spine; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72126	Computed tomography, cervical spine; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72128	Computed tomography, thoracic spine; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72129	Computed tomography, thoracic spine; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72131	Computed tomography, lumbar spine; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72132	Computed tomography, lumbar spine; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72192	Computed tomography, pelvis; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72193	Computed tomography, pelvis; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73200	Computed tomography, upper extremity; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
73201	Computed tomography, upper extremity; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73700	Computed tomography, lower extremity; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73701	Computed tomography, lower extremity; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74150	Computed tomography, abdomen; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74160	Computed tomography, abdomen; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74170	Computed tomography, abdomen; without contrast material followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2012	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74176	Computed tomography, abdomen and pelvis; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2011	
74177	Computed tomography, abdomen and pelvis; with contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2011	
74178	Computed tomography, abdomen and pelvis; without contrast material followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2011	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) followed by contrast material(s) and further sequences OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2016	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2016	7/1/2023
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2008	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2008	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2008	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2008	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	7/1/2023
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional OUTPATIENT AND PROFESSIONAL USE	<u>DIM</u>		1/1/2024	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
76390	Magnetic resonance spectroscopy OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
76391	Magnetic resonance (eg, vibration) elastography OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2019	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		7/1/2008	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78013	Thyroid imaging (including vascular flow, when performed); OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78018	Thyroid carcinoma metastases imaging; whole body OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	7/1/2023
78070	Parathyroid planar imaging (including subtraction, when performed); OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78075	Adrenal imaging, cortex and/or medulla OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78102	Bone marrow imaging; limited area OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78103	Bone marrow imaging; multiple areas OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78104	Bone marrow imaging; whole body OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78185	Spleen imaging only, with or without vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78195	Lymphatics and lymph nodes imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78201	Liver imaging; static only OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78202	Liver imaging; with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78215	Liver and spleen imaging; static only OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78216	Liver and spleen imaging; with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78226	Hepatobiliary system imaging, including gallbladder when present; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78230	Salivary gland imaging; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78231	Salivary gland imaging; with serial images OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78232	Salivary gland function study OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78258	Esophageal motility OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78261	Gastric mucosa imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78262	Gastroesophageal reflux study OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78264	Gastric emptying imaging study (eg, solid, liquid, or both); OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78278	Acute gastrointestinal blood loss imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78300	Bone and/or joint imaging; limited area OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78305	Bone and/or joint imaging; multiple areas OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78306	Bone and/or joint imaging; whole body OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78315	Bone and/or joint imaging; 3 phase study OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2020	7/1/2023
78445	Non-cardiac vascular flow imaging (ie, angiography, venography) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2010	
78456	Acute venous thrombosis imaging, peptide OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78457	Venous thrombosis imaging, venogram; unilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78458	Venous thrombosis imaging, venogram; bilateral OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78579	Pulmonary ventilation imaging (eg, aerosol or gas) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78580	Pulmonary perfusion imaging (eg, particulate) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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78597	Quantitative differential pulmonary perfusion, including imaging when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78600	Brain imaging, less than 4 static views; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78601	Brain imaging, less than 4 static views; with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78605	Brain imaging, minimum 4 static views OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78606	Brain imaging, minimum 4 static views; with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78610	Brain imaging, vascular flow only OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78650	Cerebrospinal fluid leakage detection and localization OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78660	Radiopharmaceutical dacryocystography OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78700	Kidney imaging morphology; OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78701	Kidney imaging morphology; with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78725	Kidney function study, non-imaging radioisotopic study OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78730	Urinary bladder residual study (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	7/1/2023

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78740	Ureteral reflux study (radiopharmaceutical voiding cystogram) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78761	Testicular imaging with vascular flow OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78813	Positron emission tomography (PET) imaging; whole body OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		2/1/2007	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more day OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>	10/1/2022	1/1/2023	
92920*	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
92921*	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
92924*	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
92925*	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
92928*	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
92929*	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
92933*	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
92934*	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
92937*	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	
92938*	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	7/1/2023
92943*	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
92944*	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	7/1/2023
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	7/1/2023
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	7/1/2023
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	7/1/2023
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	7/1/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	<u>Cardiology</u>	4/1/2024	7/1/2024	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	7/1/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	7/1/2023
93600	BUNDLE OF HIS RECORDING	Cardiology	4/1/2024	7/1/2024	
93602	INTRA-ATRIAL RECORDING	Cardiology	4/1/2024	7/1/2024	
93603	RIGHT VENTRICULAR RECORDING	Cardiology	4/1/2024	7/1/2024	
93610	INTRA-ATRIAL PACING	Cardiology	4/1/2024	7/1/2024	
93612	INTRAVENTRICULAR PACING	Cardiology	4/1/2024	7/1/2024	
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	Cardiology	4/1/2024	7/1/2024	
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, WITHOUT INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA	Cardiology	4/1/2024	7/1/2024	
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING	Cardiology	4/1/2024	7/1/2024	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA	Cardiology	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER TRANSVENOUS PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS)	<u>Cardiology</u>	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
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)	Cardiology	4/1/2024	7/1/2024	
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK, WITH OR WITHOUT TEMPORARY PACEMAKER PLACEMENT	Cardiology	4/1/2024	7/1/2024	
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING AND CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, RIGHT VENTRICULAR PACING AND RECORDING, LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM, AND HIS BUNDLE RECORDING, WHEN PERFORMED; WITH TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAY, ACCESSORY ATRIOVENTRICULAR CONNECTION, CAVO-TRICUSPID ISTHMUS OR OTHER SINGLE ATRIAL FOCUS OR SOURCE OF ATRIAL RE-ENTRY	Cardiology	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING AND CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, RIGHT VENTRICULAR PACING AND RECORDING, LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM, AND HIS BUNDLE RECORDING, WHEN PERFORMED; WITH TREATMENT OF VENTRICULAR TACHYCARDIA OR FOCUS OF VENTRICULAR ECTOPY INCLUDING LEFT VENTRICULAR PACING AND RECORDING, WHEN PERFORMED	<u>Cardiology</u>	4/1/2024	7/1/2024	
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INTRACARDIAC CATHETER ABLATION OF ATRIAL FIBRILLATION BY PULMONARY VEIN ISOLATION, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, INTRACARDIAC ECHOCARDIOGRAPHY INCLUDING IMAGING SUPERVISION AND INTERPRETATION, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING, RIGHT VENTRICULAR PACING/RECORDING, AND HIS BUNDLE RECORDING, WHEN PERFORMED	<u>Cardiology</u>	4/1/2024	7/1/2024	
93880	Duplex scan of extracranial arteries; complete bilateral study OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93882	Duplex scan of extracranial arteries; unilateral or limited study OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	4/1/2023	7/1/2023	
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study OUTPATIENT AND PROFESSIONAL ONLY	Cardiology	10/1/2022	1/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
95782	Polysomnography; Younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Sleep	10/1/2017	12/1/2017	
95783	Polysomnography; Younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Sleep	10/1/2017	12/1/2017	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by air flow or peripheral arterial tone) and sleep time	Sleep	10/1/2017	12/1/2017	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by air flow or peripheral arterial tone)	Sleep	10/1/2017	12/1/2017	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.	Sleep	10/1/2017	12/1/2017	
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)	Sleep	10/1/2017	12/1/2017	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Sleep	10/1/2017	12/1/2017	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
95808	Polysomnography; Any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	<u>Sleep</u>	10/1/2017	12/1/2017	
95810	Polysomnography; Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	<u>Sleep</u>	10/1/2017	12/1/2017	
95811	Polysomnography; Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	<u>Sleep</u>	10/1/2017	12/1/2017	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
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)	<u>MSK</u>	7/1/2023	10/1/2023	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	<u>MSK</u>	7/1/2023	10/1/2023	
0201T	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	<u>MSK</u>	7/1/2023	10/1/2023	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	<u>MSK</u>	7/1/2023	10/1/2023	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	<u>MSK</u>	7/1/2023	10/1/2023	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2018	Effective 1/1/2024 use 75580
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2018	Effective 1/1/2024 use 75580

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR mode OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2018	Effective 1/1/2024 use 75580
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		1/1/2018	Effective 1/1/2024 use 75580
0505T*	Transcatheter placement of intravascular stent graft OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	4/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0571T	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 OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
0572T	Insertion of substernal implantable defibrillator electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
0573T	Removal of substernal implantable defibrillator electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
0633T	CT, breast, including 3D rendering, when performed, unilateral; w/o contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0634T	CT, breast, including 3D rendering, when performed, unilateral; with contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0635T	CT, breast, including 3D rendering, when performed, unilateral; w/o contrast, followed by contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0636T	CT, breast, including 3D rendering, when performed bilateral; w/o contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
0637T	CT, breast, including 3D rendering, when performed, bilateral; with contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0638T	CT, breast, including 3D rendering, when performed, bilateral; w/o contrast, followed by contrast OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0648T	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 OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	
0649T	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) (List separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>DIM</u>		4/1/2022	7/1/2023
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	<u>MSK</u>	7/1/2023	10/1/2023	Effective 1/1/2024 use 27278
C1721	Cardioverter-defibrillator, dual chamber (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C1722	Cardioverter-defibrillator, single chamber (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1767	Generator, neurostimulator (implantable), non-rechargeable (For diagnosis of sleep apnea only)	<u>Sleep</u>	10/1/2022	1/1/2023	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1785	Pacemaker, dual-chamber, rate-responsive (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1786	Pacemaker, single-chamber, rate-responsive (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1821	Interspinous process distraction device (implantable)	<u>MSK</u>	7/1/2023	10/1/2023	
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C2620	Pacemaker, single-chamber, non-rate-responsive (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
C2621	Pacemaker, other than single or dual-chamber (implantable) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	MSK	7/1/2023	10/1/2023	
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	MSK	7/1/2023	10/1/2023	
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	MSK	7/1/2023	10/1/2023	
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	MSK	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	<u>Cardiology</u>	4/1/2024	7/1/2024	
C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	<u>Cardiology</u>	4/1/2024	7/1/2024	
C8903	Magnetic resonance imaging with contrast, breast; unilateral	<u>DIM</u>	4/1/2024	7/1/2024	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	<u>DIM</u>	4/1/2024	7/1/2024	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	<u>DIM</u>	4/1/2024	7/1/2024	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	<u>DIM</u>	4/1/2024	7/1/2024	
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	Effective 7/1/23 use J9063
C9147	Injection, tremelimumab-actl, 1 mg (Imjudo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	Effective 7/1/23 use J9347
C9148	Injection, teclistamab-cqyv, 0.5 mg (Tecvayli) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	Effective 7/1/23 use J9380
C9155	Injection, epcoritamab-bysp, 0.16 mg (Epkinly) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2023	Effective 1/1/2024 use J9321
C9163	Injection, talquetamab-tgvs, 0.25 mg (Talvey) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	Effective 4/1/24 use J3055
C9165	Injection, elranatamab-bcmm, 1 mg (Elrexio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	Effective 4/1/24 use J1323
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	<u>MSK</u>	7/1/2023	10/1/2023	
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	<u>MSK</u>	7/1/2023	10/1/2023	
C9399	Toripalimab-tpzi (Loqtorzi)	<u>Oncology</u>		3/11/2024	Auth through MHK 10/27/23-3/10/24

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C9399	Talquetamab-tgvs (Talvey)	<u>Oncology</u>		10/7/2023	Effective 1/1/2024 use C9163
C9399	Elranatamab-bcmm (Elrexio)	<u>Oncology</u>		10/7/2023	Effective 1/1/2024 use C9165
C9399	Glofitamab-gxbm (Columvi)	<u>Oncology</u>		9/13/2023	Effective 1/1/2024 use J9286
C9399	Epcoritamab-bysp (Epkinly) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		8/17/2023	Effective 10/1/2023 use C9155
C9399	Retifanlimab-dlwr (Zynyz) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		5/19/2023	Effective 10/1/2023 use J9345
C9399	Mosunetuzumab-axgb (Lunsumio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		3/11/2023	Effective 7/1/23 use J9350
C9399	Tisotumab vedotin- tftv (Tivdak) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2021	4/1/2022	
C9399	Mirvetuximab soravtansine-gynx (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 4/1/23 use C9146
C9399	Teclistamab-cqyv (Tecvayli) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 4/1/23 use C9148
C9399	Tremelimumab (Imjudo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 4/1/23 use C9147
C9600*	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C9601*	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	7/1/2023
C9602*	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	
C9603*	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	7/1/2023
C9604*	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
C9605*	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	7/1/2023
C9607*	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	
C9608*	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure) OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	7/1/2023	7/1/2023

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0561	Humidifier, non-heated, used with positive airway pressure device	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0562	Humidifier, heated, used with positive airway pressure device	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0601	Continuous airway pressure (CPAP) device [may be used for either CPAP or BiPAP]	<u>Sleep</u>	12/1/2017	10/1/2017	10/15/2020
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	<u>MSK</u>	7/1/2023	10/1/2023	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	<u>MSK</u>	7/1/2023	10/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	<u>MSK</u>	7/1/2023	10/1/2023	
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	<u>Sleep</u>	12/1/2017	10/1/2017	
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	<u>Sleep</u>	12/1/2017	10/1/2017	
G0400	Home sleep study with type IV portable monitor, unattended; minimum of three channels	<u>Sleep</u>	12/1/2017	10/1/2017	
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	<u>MSK</u>	7/1/2023	10/1/2023	
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing OUTPATIENT AND PROFESSIONAL ONLY	<u>Cardiology</u>	10/1/2022	4/1/2023	
J0185	Injection, aprepitant, 1 mg (Cinvanti™) (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J0897	Injection, denosumab, 1 mg (Prolia/Xgeva) for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J3490	Toripalimab-tpzi (Loqtorzi)	<u>Oncology</u>		3/11/2024	Auth through MHK 10/27/23-3/10/24
J3590	Toripalimab-tpzi (Loqtorzi)	<u>Oncology</u>		3/11/2024	Auth through MHK 10/27/23-3/10/24
J1448	Injection, trilaciclib, 1mg (Cosela) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2021	
J1453	Injection, fosaprepitant, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg (AKYNZEO) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	
J1627	Injection, granisetron, extended-release, 0.1 mg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	4/1/2018	7/1/2018	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J1952	Leuprolide injectable, camcevi, 1 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J2469	Injection, palonosetron hcl, 25 mcg (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J2797	Injection, rolapitant, 0.5 mg (Varubi™) (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	
J2860	Injection, siltuximab, 10 mg (Sylvant) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9999	Toripalimab-tpzi (Loqtorzi)	<u>Oncology</u>		3/11/2024	Auth through MHK 10/27/23-3/10/24
J3315	Injection, triptorelin pamoate, 3.75 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J3316	Injection, triptorelin, extended-release, 3.75 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	

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J1323	Injection, elranatamab-bcmm, 1 mg (Elfrexio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2024	
J3490	Talquetamab-tgvs (Talvey)	<u>Oncology</u>		10/7/2023	Effective 4/1/2024 use J3055
J3490	Elranatamab-bcmm (Elrexfio)	<u>Oncology</u>		10/7/2023	Effective 4/1/24 use J1323
J3490	Retifanlimab-dlwr (Zynyz) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		5/19/2023	Effective 10/1/2023 use J9345
J3490	Glofitamab-gxbm (Columvi)	<u>Oncology</u>		9/13/2023	Effective 1/1/2024 use J9286
J3490	Epcoritamab-bysp (Epkinly) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		8/17/2023	Effective 1/1/2024 use J9321
J3490	Mosunetuzumab-axgb (Lunsumio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		3/11/2023	Effective 7/1/23 use J9350
J3490	Mirvetuximab soravtansine-gynx (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9063
J3490	Teclistamab-cqyv (Tecvayli) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9380
J3490	Tremelimumab (Imjudo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9347
J3490	Belantamab mafodotin-blmf (Blenrep) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J3490	Tafasitamab-cxix (Monjuvi) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J3490	Tisotumab vedotin- tftv (Tivdak) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2022	4/1/2022	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J1434	Injection, fosaprepitant (focinvez), 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2024	
J3590	Talquetamab-tgvs (Talvey)	<u>Oncology</u>		10/7/2023	Effective 4/1/2024 use J3055
J3590	Elranatamab-bcmm (Elrexfio)	<u>Oncology</u>		10/7/2023	Effective 4/1/24 use J1323
J3590	Glofitamab-gxbm (Columvi)	<u>Oncology</u>		9/13/2023	Effective 1/1/2024 use J9286
J3590	Epcoritamab-bysp (Epkinly) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		8/17/2023	Effective 1/1/2024 use J9321
J3590	Retifanlimab-dlwr (Zynyz) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		5/19/2023	Effective 10/1/2023 use J9345
J3590	Mosunetuzumab-axgb (Lunsumio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		3/11/2023	Effective 7/1/23 use J9350
J3590	Mirvetuximab soravtansine-gynx (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9063
J3590	Teclistamab-cqyv (Tecvayli) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9380
J3590	Tremelimumab (Imjudo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9347
J3590	Belantamab mafodotin-blmf (Blenrep) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J3590	Tafasitamab-cxix (Monjuvi) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J3590	Tisotumab vedotin- tftv (Tivdak) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2022	4/1/2022	
J7330	Autologous cultured chondrocytes, implant	<u>MSK</u>	7/1/2023	10/1/2023	

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J9019	Asparaginase erwinia chrysanthemi (Erwinaze) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2022	4/1/2022	
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2022	4/1/2022	
J9022	Injection, atezolizumab, 10 mg (Tecentriq ®) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2016	1/1/2018	
J9023	Injection, avelumab, 10 mg (Bavencio ™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/29/2017	4/1/2018	
J9037	Injection, belantamab mafodotin- blmf, 0.5 mg (Blenrep) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2021	
J9039	Injection, blinatumomab, 1 microgram (Blincyto ™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2017	1/1/2018	
J9042	Injection, brentuximab vedotin, 1 mg (Adcetris ™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9043	Injection, cabazitaxel, 1 mg (Jevanta) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9047	Injection, carfilzomib, 1 mg (Kyprolis) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9055	Injection, cetuximab, 10 mg (Erbix) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	

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J9057	Injection, copanlisib, 1 mg (Aliqopa™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/2/2019	
J9061	Injection, amivantamab-vmjw, 2 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2022	4/1/2022	
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2023	
J9119	Injection, cemiplimab-rwlc, 1 mg (Libtayo®) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2019	
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj (Darzalex Faspro) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2021	
J9145	Injection, daratumumab, 10 mg (Darzalex) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine (Vyxeos™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	
J9173	Injection, durvalumab, 10 mg (Imfinzi™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	

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J9176	Injection, elotuzumab, 1 mg (Empliciti) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg (Padcev) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2020	
J9179	Injection, eribulin mesylate, 0.1 mg (Halevan) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9202	Goserelin acetate implant, per 3.6 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J9202	Goserelin acetate implant, per 3.6 mg (Zoladex) (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg (Mylotarg™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/29/2017	4/1/2018	
J9204	Injection, mogamulizumab-kpkc, 1 mg (Poteligeo™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2019	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg for oncology indications OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	1/1/2023	7/1/2023	
J9223	Injection, lurbinectedin, 0.1 mg (Zepelca) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2021	

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J9227	Injection, isatuximab-irfc, 10 mg (SARCLISA) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2020	
J9228	Injection, ipilimumab, 1 mg (Yervoy) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Besponsa®) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2019	
J9247	Injection, melphalan flufenamide, 1mg (Pepaxto) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2021	
J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9264	Injection, paclitaxel protein-bound particles, 1 mg (Abraxane) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9269	Injection, tagraxofusp-erzs, 10 micrograms (Elzonris™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2019	
J9271	Injection, pembrolizumab, 1 mg (Keytruda) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	

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J9272	Injection, dostarlimab-gxly, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2022	
J9273	Injection, tisotumab vedotin-tftv, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2022	
J9274	Injection, tebentafusp-tebn, 1 microgram OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2022	
J9285	Injection, olaratumab, 10 mg (Lartuvo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/29/2017	4/1/2018	
J9286	Injection, glofitamab-gxbm, 2.5 mg (Columvi) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	
J9295	Injection, necitumumab, 1 mg (Portrazza) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	

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J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2022	
J9299	Injection, nivolumab, 1 mg (Opdivio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9301	Injection, obinutuzumab, 10 mg (Gazyva) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9302	Injection, ofatumumab, 10 mg (Arzerra) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9303	Injection, panitumumab, 10 mg (Vectibix) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9305	Injection, pemetrexed, 10 mg (Alimta) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9306	Injection, pertuzumab, 1 mg (Perjeta) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg (Polivy) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2020	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti™) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2019	
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2023	

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J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg (Phesgo) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2021	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg (Trodelvy) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2021	
J9321	Injection, epcoritamab-bysp, 0.16 mg (Epkincy) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9323	Injection, pemetrexed ditromethamine, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		1/1/2024	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (Imlygic) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9326	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	
J9327	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2023	

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J9331	Injection, sirolimus protein-bound particles, 1 mg (Fayro) Outpatient and Professional	<u>Oncology</u>		7/1/2022	
J9345	Injection, retifanlimab-dlwr, 1 mg (Zynyz) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		10/1/2023	
J9347	Injection, tremelimumab-actl, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9348	Injection, naxitamab-gqgk, 1 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2021	
J9349	Injection, tafasitamab-cxix, 2 mg (Monjuvi) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2021	
J9350	Injection, mosunetuzumab-axgb, 1 mg (Lunsumio) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	
J9351	Injection, topotecan, 0.1 mg (Hycamtin) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9353	Injection, margetuximab-cmkb, 5 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2021	
J9354	Injection, ado-trastuzumab emtansine, 1 mg (Kadcyla) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg (Enhertu) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2020	
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2022	
J9380	Injection, teclistamab-cqyv, 0.5 mg OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		7/1/2023	

*If this procedure is performed at the time as an approved procedure, it will require a separate post service clinical review. To initiate post service review, please contact Carelon or log on to the Provider Portal within 10 days The results of the approved procedure will be required to complete the post service review

CPT	Service Description		Notice Date	Effective Date	Date Ineffective
J3055	Injection, talquetamab-tgvs, 0.25 mg (Talvey) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		4/1/2024	
J9999	Talquetamab-tgvs (Talvey)	<u>Oncology</u>		10/7/2023	
J9999	Elranatamab-bcmm (Elrexfio)	<u>Oncology</u>		10/7/2023	Effective 4/1/24 use J1323
J9999	Epcoritamab-bysp (Epinly) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		8/17/2023	Effective 1/1/2024 use J9321
J9999	Retifanlimab-dlwr (Zynyz) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		5/19/2023	Effective 10/1/2023 use J9345
J9999	Mirvetuximab soravtansine-gynx (Elahere) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9063
J9999	Teclistamab-cqyv (Tecvayli) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>		12/17/2022	Effective 7/1/23 use J9380
J9999	Belantamab mafodotin-blmf (Blenrep) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J9999	Lurbinectedin (Zepzelca) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J9999	Tafasitamab-cxix (Monjuvi) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2020	1/1/2021	
J9999	Tisotumab vedotin- tftv (Tivdak) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	10/1/2021	4/1/2022	
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	

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CPT	Service Description		Notice Date	Effective Date	Date Ineffective
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units (For Oncology indications only) OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	7/1/2018	7/1/2018	
S0353	Treatment planning and care coordination management for cancer, initial treatment OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
S0354	Treatment planning and care coordination management for cancer, established patient with a change of regimen OUTPATIENT AND PROFESSIONAL USE	<u>Oncology</u>	12/30/2016	4/1/2017	
S2112	Arthroscopy, knee, surgical or harvesting of cartilage, (chondrocyte cells)	<u>MSK</u>	7/1/2023	10/1/2023	
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	<u>MSK</u>	7/1/2023	11/17/2023	

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