

## For PA, WV, & DE Members

**Some authorization requirements vary by member plan.** For information regarding authorizations required for a member's specific benefit plan, providers may 1) call the number on the back of the member's card, 2) check the member's eligibility and benefits via Availity, or 3) search BlueExchange® through the provider's local provider portal.

West Virginia Commercial Fully Insured, ACA, ASO Opt-In, Medigap and Medifil members may qualify for an Episode of Care

Managed By	Modality	CODE	TERMINOLOGY	Gold Card Eligible
Highmark Managed	NOC Oncology	NOC**	AMIVANTAMAB AND HYALURONIDASE-LPUJ (RYBREVANT FASPRO)	
Highmark Managed	NOC Oncology	NOC**	BELANTAMAB MOFADOTIN-BLMF (BLENREP)	
Highmark Managed	NOC Oncology	NOC**	GEMCITABINE INTRAVESICAL SYSTEM (INLEXZO)	
Highmark Managed	NOC Oncology	NOC**	LINVOSELTAMAB-GCPT (LYNOZYFIC)	
Highmark Managed	NOC Oncology	NOC**	MOSUNETUZUMAB-AXGB (LUNSUMIO VELO)	
Highmark Managed	NOC Oncology	NOC**	PENPULIMAB-KCQX	
Highmark Managed	NOC Oncology; Site of Care Oncology	NOC**	PEMBROLIZUMAB AND BERAHyaluronidase ALFA-PMPH (KEYTRUDA QLEX)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	AFLIBERCEPT-BOAV (EYDENZELT)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	ALIROCUMAB (PRALUENT)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	BEVACIMZUMAB-TNJV (AVZIVI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-DESU (JUBEREQ)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-DESU (OSVYRTI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-KYQQ (AUKELSO)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-KYQQ (BOSAYA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-MOBZ (BONCRESA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-MOBZ (OZILTUS)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-NXXP (BILDYOS)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-NXXP (BILPREVDA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-QBDE (ENOBV)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DENOSUMAB-QBDE (XTRENBO)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DEPEMOKIMAB-ULAA (EXDENSUR)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DONIDALORSEN (DAWNZERA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	DONISLECEL-JUJN (LANTIDRA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	ELADOCAGENE EXUPARVOVEC-TNEQ (KEBILIDI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	ETUVETIDIGENE AUTOTEMCEL (WASKYRA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	EVOLOCUMAB (REPATHA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	FILGRASTIM-LAHA (FILKRI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	GARADACIMAB-GXII (ANDEMBRY)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	IMETELSTAT (RYTELO)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUPANETA PACK)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	LIFILEUCEL (AMTAGVI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	PARATHYROID HORMONE (NATPARA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	PEGCETACOPLAN (EMPAVELI)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	PEGFILGRASTIM-UNNE (ARMLUPEG)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	PEGINTERFERON BETA-1A (PLEGRIDY)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	RANIBIZUMAB-LEYK (NUFYMCO)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	USTEKINUMAB-HMNY, FOR INTRAVENOUS INJECTION, (STARJEMZA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	USTEKINUMAB-HMNY, FOR SUBCUTANEOUS INJECTION, (STARJEMZA)	
Highmark Managed	NOC Other Specialty Drugs	NOC**	ZOPAPOGENE IMADENOVEC-DRBA (PAPZIMEOS)	
Highmark Managed	Applied Behavioral Analysis	97151	BEHAVIOR IDENTIFICATION ASSESSMENT USED FOR INITIAL OR REASSESSMENT AND TREATMENT PLAN DEVELOPMENT BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL	
Highmark Managed	Applied Behavioral Analysis	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT	

Highmark Managed	Applied Behavioral Analysis	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	
Highmark Managed	Applied Behavioral Analysis	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY A TECHNICIAN UNDER THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL	
Highmark Managed	Applied Behavioral Analysis	97155	ADAPTIVE BEHAVIOR TREATMENT PROTOCOL MODIFICATION	
Highmark Managed	Applied Behavioral Analysis	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE	
Highmark Managed	Applied Behavioral Analysis	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE	
Highmark Managed	Applied Behavioral Analysis	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	
Highmark Managed	Applied Behavioral Analysis	0362T	ADAPTIVE BEHAVIOR ASSESSMENT WITH TECHNICIAN ASSISTANCE, EACH 15 MINUTES	
Highmark Managed	Applied Behavioral Analysis	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION	
Highmark Managed	Applied Behavioral Analysis	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	
Highmark Managed	Applied Behavioral Analysis	H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	
Highmark Managed	Intensive Outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT TREATMENT	
Highmark Managed	Intensive Outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	
Highmark Managed	Partial Hospitalization	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	
Highmark Managed	Partial Hospitalization	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM.	
Highmark Managed	TMS	90867	TRANSCRANIAL MAGNETIC STIMULATION (TMS) FOR TREATMENT OF MAJOR DEPRESSIVE DISORDER IN ADULTS	
Highmark Managed	TMS	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS)	
Highmark Managed	TMS	90869	TRANSCRANIAL MAGNETIC STIMULATION (TMS) MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	
Highmark Managed	Ambulance	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS1)	
Highmark Managed	Ambulance	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	
Highmark Managed	Ambulance	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	
Highmark Managed	Ambulance	A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	
Highmark Managed	Ambulance	A0999	UNLISTED AMBULANCE SERVICE	
Highmark Managed	Bariatric Surgery	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (E.G., GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Bariatric Surgery	43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	Gold Card Eligible
Highmark Managed	Behavioral Health Outpatient	H2001	REHABILITATION PROGRAM, PER 1/2 DAY	
Highmark Managed	Behavioral Health Outpatient	H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	
Highmark Managed	Behavioral Health Outpatient	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	
Highmark Managed	Behavioral Health Outpatient	H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	
Highmark Managed	Behavioral Health Residential	H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	
Highmark Managed	Behavioral Health Residential	H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NONHOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	

Highmark Managed	Behavioral Health Residential	H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NONMEDICAL, NONACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM	
Highmark Managed	Behavioral Health Residential	H0043	SUPPORTED HOUSING, PER DIEM	
Highmark Managed	Behavioral Health Residential	T2048	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITH ROOM AND BOARD, PER DIEM	
Highmark Managed	Bone Growth	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	
Highmark Managed	Bone Growth	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	
Highmark Managed	Capsule Endoscopy	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Capsule Endoscopy	91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Cardiac Devices	33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	Gold Card Eligible
Highmark Managed	Cardiac Devices	33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	Gold Card Eligible
Highmark Managed	Cardiac Devices	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Gold Card Eligible
Highmark Managed	Cardiac Devices	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)	Gold Card Eligible
Highmark Managed	Cardiac Devices	33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Gold Card Eligible
Highmark Managed	Cardiac Devices	33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	Gold Card Eligible
Highmark Managed	Cardiac Devices	33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUSLY PLACED PACEMAKER OR IMPLANTABLE DEBRILLATOR PULSE GENERATOR (INCLUDING REVISION OF POCKET, REMOVAL, INSERTION, AND/OR REPLACEMENT OF EXISTING GENERATOR)	Gold Card Eligible
Highmark Managed	Cardiac Devices	33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	33231	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Gold Card Eligible
Highmark Managed	Cardiac Devices	33240	INSERTION OF IMPLANTABLE DEBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	Gold Card Eligible
Highmark Managed	Cardiac Devices	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Gold Card Eligible
Highmark Managed	Cardiac Devices	33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	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 PARAMETER, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Cardiac Devices	33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	Gold Card Eligible
Highmark Managed	Cardiac Devices	33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING, WHEN	Gold Card Eligible
Highmark Managed	Cardiac Devices	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING	Gold Card Eligible
Highmark Managed	Cardiac Devices	33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR, RIGHT HEART CATHETERIZATION, SELECTIVE PULMONARY CATHETERIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND PULMONARY ARTERY ANGIOGRAPHY, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Cardiac Devices	93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Gold Card Eligible
Highmark Managed	Cardiac Devices	0519T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER)	Gold Card Eligible
Highmark Managed	Cardiac Devices	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	Gold Card Eligible
Highmark Managed	Cardiac Devices	0614T	REMOVAL AND REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	Gold Card Eligible

Highmark Managed	Cardiac Devices	C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE)	Gold Card Eligible
Highmark Managed	Cardiac Devices	C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Gold Card Eligible
Highmark Managed	Cardiac Devices	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM	Gold Card Eligible
Highmark Managed	Cardiac Imaging	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	
Highmark Managed	Cardiac Imaging	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)	
Highmark Managed	Cardiac Imaging	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)	
Highmark Managed	Cardiac Imaging	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)	
Highmark Managed	Cardiac Imaging	0331T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT;	Gold Card Eligible
Highmark Managed	Cardiac Imaging	0332T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT; WITH TOMOGRAPHIC SPECT	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33362	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33363	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (E.G., MEDIAN STERNOTOMY, MEDIASTINOTOMY)	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (E.G., LEFT THORACOTOMY)	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAF, WITH OR WITHOUT CARDIOPULMONARY BYPASS	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROSTHESIS PLUS DESCENDING THORACIC AORTIC EXTENSION(S), IF REQUIRED, TO LEVEL OF CELIAC ARTERY ORIGIN	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROSTHESIS PLUS DESCENDING THORACIC AORTIC EXTENSION(S), IF REQUIRED, TO LEVEL OF CELIAC ARTERY ORIGIN	Gold Card Eligible
Highmark Managed	Cardiac Surgery	33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	Gold Card Eligible
Highmark Managed	Cardiac Surgery	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATING ULCER, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED, PER VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
Highmark Managed	Cardiac Surgery	34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED; INITIAL VESSEL TREATED	
Highmark Managed	Cardiac Surgery	34711	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND TREATMENT ZONE ANGIOPLASTY/STENTING, WHEN PERFORMED; EACH ADDITIONAL VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
Highmark Managed	Cardiac Surgery	34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	
Highmark Managed	Cardiac Surgery	92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH	Gold Card Eligible
Highmark Managed	Cardiac Surgery	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH	Gold Card Eligible
Highmark Managed	Cardiac Surgery	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	Gold Card Eligible

Highmark Managed	Cardiac Surgery	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	Gold Card Eligible
Highmark Managed	Cardiac Surgery	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	Gold Card Eligible
Highmark Managed	Cardiac Surgery	0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR WITH TRANSVENOUS ELECTRODES	
Highmark Managed	Cardiac Surgery	0409T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR ONLY	
Highmark Managed	Cataract Surgery	66989	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE	Gold Card Eligible
Highmark Managed	Cataract Surgery	66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE	Gold Card Eligible
Highmark Managed	Chiropractic	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE (1) TO TWO (2) REGIONS	
Highmark Managed	Chiropractic	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3 - 4 REGIONS	
Highmark Managed	Chiropractic	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE (5) REGIONS	
Highmark Managed	Chiropractic	98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE (1) OR MORE REGIONS	
Highmark Managed	CMRI	75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL	Gold Card Eligible
Highmark Managed	CMRI	75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	Gold Card Eligible
Highmark Managed	CMRI	75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Gold Card Eligible
Highmark Managed	CMRI	75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING	Gold Card Eligible
Highmark Managed	CMRI	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Cochlear Devices	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	
Highmark Managed	Cochlear Devices	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	
Highmark Managed	Cochlear Devices	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	
Highmark Managed	Cochlear Devices	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	
Highmark Managed	Cornea Surgery	65760	KERATOMILEUSIS	
Highmark Managed	CPET	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	Gold Card Eligible
Highmark Managed	CPET	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	Gold Card Eligible
Highmark Managed	CPET	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	Gold Card Eligible
Highmark Managed	CPET	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);	Gold Card Eligible
Highmark Managed	CPET	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	Gold Card Eligible
Highmark Managed	CPET	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)	Gold Card Eligible
Highmark Managed	CPET	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	Gold Card Eligible
Highmark Managed	CPET	78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	Gold Card Eligible
Highmark Managed	CPET	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Gold Card Eligible
Highmark Managed	Craniotomy	61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	
Highmark Managed	Craniotomy	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	
Highmark Managed	CT	70450	C T HEAD WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	70460	C T HEAD WITH CONTRAST	Gold Card Eligible

Highmark Managed	CT	70470	C T HEAD WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70480	C T ORBIT WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	70481	C T ORBIT WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70482	C T ORBIT WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70486	C T MAXILLOFACIAL WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	70487	C T MAXILLOFACIAL WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70488	C T MAXILLOFACIAL WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70490	C T SOFT TISSUE NECK WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	70491	C T SOFT TISSUE NECK WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70492	C T SOFT TISSUE NECK WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	70496	C T ANGIOGRAPHY HEAD	Gold Card Eligible
Highmark Managed	CT	70498	C T ANGIOGRAPHY NECK	Gold Card Eligible
Highmark Managed	CT	71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	Gold Card Eligible
Highmark Managed	CT	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	Gold Card Eligible
Highmark Managed	CT	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Gold Card Eligible
Highmark Managed	CT	71275	C T ANGIOGRAPHY CHEST WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SECTIONS, INCLUDING IMAGE POSTPROCESSING	Gold Card Eligible
Highmark Managed	CT	72125	C T CERVICAL SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	72126	C T CERVICAL SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72127	C T CERVICAL SPINE WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72128	C T THORACIC SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	72129	C T THORACIC SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72130	C T THORACIC SPINE WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72131	C T LUMBAR SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	72132	C T LUMBAR SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72133	C T LUMBAR SPINE WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72191	C T ANGIOGRAPHY PELVIS	Gold Card Eligible
Highmark Managed	CT	72192	C T PELVIS WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	72193	C T PELVIS WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	72194	C T PELVIS WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	73200	C T UPPER EXTREMITY WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	73201	C T UPPER EXTREMITY WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	73202	C T UPPER EXTREMITY WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	73206	C T ANGIOGRAPHY UPPER EXTREMITY	Gold Card Eligible
Highmark Managed	CT	73700	C T LOWER EXTREMITY WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	73701	C T LOWER EXTREMITY WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	73702	C T LOWER EXTREMITY WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	73706	C T ANGIOGRAPHY LOWER EXTREMITY	Gold Card Eligible
Highmark Managed	CT	74150	C T ABDOMEN WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	74160	C T ABDOMEN WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	74170	C T ABDOMEN WITHOUT & WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Gold Card Eligible
Highmark Managed	CT	74175	C T ANGIOGRAPHY ABDOMEN	Gold Card Eligible
Highmark Managed	CT	74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	CT	74177	CT ABDOMEN AND PELVIS WITH CONTRAST	Gold Card Eligible
Highmark Managed	CT	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Gold Card Eligible
Highmark Managed	CT	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Gold Card Eligible
Highmark Managed	CT	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	Gold Card Eligible
Highmark Managed	CT	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	Gold Card Eligible
Highmark Managed	CT	75635	C T ANGIOGRAPHY ABDOMINAL AORTA	Gold Card Eligible
Highmark Managed	CT	76380	C T LIMITED OR LOCALIZED FOLLOW-UP STUDY	Gold Card Eligible
Highmark Managed	CT	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Gold Card Eligible
Highmark Managed	CT	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES, AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	Gold Card Eligible
Highmark Managed	CT	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	Gold Card Eligible
Highmark Managed	CTA	0710T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF THE STRUCTURE AND COMPOSITION OF THE VESSEL WALL AND ASSESSMENT FOR LIPID-RICH NECROTIC CORE PLAQUE TO ASSESS ATHEROSCLEROTIC PLAQUE STABILITY, DATA REVIEW, INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	CTA	0711T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION	Gold Card Eligible
Highmark Managed	CTA	0712T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; QUANTIFICATION OF THE STRUCTURE AND COMPOSITION OF THE VESSEL WALL AND ASSESSMENT FOR LIPID-RICH NECROTIC CORE PLAQUE TO ASSESS ATHEROSCLEROTIC PLAQUE STABILITY	Gold Card Eligible
Highmark Managed	CTA	0713T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA REVIEW, INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Echo	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)	Gold Card Eligible
Highmark Managed	Echo	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST, WITH INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Echo	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	Gold Card Eligible
Highmark Managed	Eye Surgery	65765	KERATOPHAKIA	
Highmark Managed	Eye Surgery	65771	RADIAL KERATOTOMY	
Highmark Managed	Eye Surgery	S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	

Highmark Managed	Foot Surgery	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	Gold Card Eligible
Highmark Managed	Foot Surgery	28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRSTMETATARSOPHALANGEAL JOINT; WITH IMPLANT	Gold Card Eligible
Highmark Managed	Foot Surgery	28295	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	Gold Card Eligible
Highmark Managed	Foot Surgery	28296	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DISTAL METATARSALOSTEOTOMY, ANY METHOD	Gold Card Eligible
Highmark Managed	Foot Surgery	28297	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH FIRST METATARSALAND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD	Gold Card Eligible
Highmark Managed	Foot Surgery	28299	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DOUBLEOSTEOTOMY, ANY METHOD	Gold Card Eligible
Highmark Managed	Foot Surgery	28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL	Gold Card Eligible
Highmark Managed	Foot Surgery	28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	Gold Card Eligible
Highmark Managed	Foot Surgery	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	Gold Card Eligible
Highmark Managed	Foot Surgery	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIALPLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)	Gold Card Eligible
Highmark Managed	Foot Surgery	29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	Gold Card Eligible
Highmark Managed	Gall Bladder Surgery	47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	
Highmark Managed	Gall Bladder Surgery	47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	
Highmark Managed	Gall Bladder Surgery	47600	CHOLECYSTECTOMY;	
Highmark Managed	Gall Bladder Surgery	47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	
Highmark Managed	Gall Bladder Surgery	47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	
Highmark Managed	Gall Bladder Surgery	47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	
Highmark Managed	Gall Bladder Surgery	47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT CHOLANGIOGRAPHY	
Highmark Managed	Heart Cath	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Heart Cath	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Heart Cath	93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Heart Cath	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	93593	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; NORMAL NATIVE CONNECTIONS	Gold Card Eligible
Highmark Managed	Heart Cath	93594	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; ABNORMAL NATIVE CONNECTIONS	Gold Card Eligible
Highmark Managed	Heart Cath	93595	LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE, NORMAL OR ABNORMAL NATIVE CONNECTIONS	Gold Card Eligible
Highmark Managed	Heart Cath	93596	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); NORMAL NATIVE CONNECTIONS	Gold Card Eligible

Highmark Managed	Heart Cath	93597	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); ABNORMAL NATIVE CONNECTIONS	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Heart Cath	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	Gold Card Eligible
Highmark Managed	Histotripsy	0686T	HISTOTRIPTY (I.E., NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT HEPATOCELLULAR TISSUE, INCLUDING IMAGE GUIDANCE	
Highmark Managed	Home Health	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	
Highmark Managed	Home Health	G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	
Highmark Managed	Home Health	G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	
Highmark Managed	Home Health	G0155	SERVICES OF CLINICAL SOCIAL WORKING IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	
Highmark Managed	Home Health	G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	
Highmark Managed	Home Health	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	
Highmark Managed	Home Health	G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	
Highmark Managed	Home Health	S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES - ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION ** NOT APPLICABLE TO NY MEDICARE ADVANGE MEMBERS	
Highmark Managed	Home Health	S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S5111	HOME CARE TRAINING, FAMILY; PER SESSION ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM ** NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS	
Highmark Managed	Home Health	S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDER CARE IN THE HOME; PER HOUR	
Highmark Managed	Home Health	S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	
Highmark Managed	Home Health	S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	
Highmark Managed	Home Health	S9131	PHYSICAL THERAPY; IN THE HOME; PER DIEM	
Highmark Managed	Hospital Beds & Accessories	E0187	WATER PRESSURE MATTRESS	
Highmark Managed	Hospital Beds & Accessories	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	
Highmark Managed	Hospital Beds & Accessories	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	
Highmark Managed	Hospital Beds & Accessories	E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	
Highmark Managed	Hospital Beds & Accessories	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	
Highmark Managed	Hospital Beds & Accessories	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	
Highmark Managed	Hospital Beds & Accessories	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	
Highmark Managed	Hospital Beds & Accessories	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	
Highmark Managed	Hospital Beds & Accessories	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	
Highmark Managed	Hyperbaric Therapy	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Gold Card Eligible
Highmark Managed	Hyperbaric Therapy	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Gold Card Eligible
Highmark Managed	Hysterectomy	51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC, OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATIONS, WITH OR WITHOUT HYSTERECTOMY AND/OR ABDOMINOPERINEAL RESECTION OF RECTUM AND COLON AND COLOSTOMY, OR ANY COMBINATION THEREOF	Gold Card Eligible
Highmark Managed	Hysterectomy	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	Gold Card Eligible
Highmark Managed	Hysterectomy	58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	Gold Card Eligible
Highmark Managed	Hysterectomy	58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	Gold Card Eligible
Highmark Managed	Hysterectomy	58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PALVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OUR WITOUT REMOVAL OF OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	Gold Card Eligible
Highmark Managed	Hysterectomy	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCLELE	Gold Card Eligible

Highmark Managed	Hysterectomy	58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL	Gold Card Eligible
Highmark Managed	Hysterectomy	58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REPAIR OF ENTEROCELE	Gold Card Eligible
Highmark Managed	Hysterectomy	58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	Gold Card Eligible
Highmark Managed	Hysterectomy	58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE	Gold Card Eligible
Highmark Managed	Hysterectomy	58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	Gold Card Eligible
Highmark Managed	Hysterectomy	58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	Gold Card Eligible
Highmark Managed	Hysterectomy	58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	Gold Card Eligible
Highmark Managed	Hysterectomy	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	Gold Card Eligible
Highmark Managed	Hysterectomy	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS	Gold Card Eligible
Highmark Managed	Hysterectomy	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS	Gold Card Eligible
Highmark Managed	Hysterectomy	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), IF PERFORMED	Gold Card Eligible
Highmark Managed	Hysterectomy	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR	Gold Card Eligible
Highmark Managed	Hysterectomy	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58553	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN	Gold Card Eligible
Highmark Managed	Hysterectomy	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS	Gold Card Eligible
Highmark Managed	Hysterectomy	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS	Gold Card Eligible
Highmark Managed	Hysterectomy	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Gold Card Eligible
Highmark Managed	Hysterectomy	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Hysterectomy	59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	
Highmark Managed	Intraoperative Neuromonitoring	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE-ON-ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
Highmark Managed	Intraoperative Neuromonitoring	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
Highmark Managed	Intraoperative Neuromonitoring	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY), PER PATIENT, (ATTENTION DIRECTED EXCLUSIVELY TO ONE PATIENT) EACH 15 MINUTES (LIST IN ADDITION TO PRIMARY PROCEDURE)	
Highmark Managed	Joint Surgery	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXATION DEVICE	Gold Card Eligible
Highmark Managed	Joint Surgery	27280	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Listening Devices	V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	
Highmark Managed	Listening Devices	V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	
Highmark Managed	MRA	70544	M R A HEAD WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	70545	M R A HEAD WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRA	70546	M R A HEAD WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	70547	M R A NECK WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	70548	M R A NECK WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRA	70549	M R A NECK WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	71555	M R A CHEST (EXCLUDING MYOCARDIUM) WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	72159	M R A SPINAL CANAL WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	72198	M R A PELVIS WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	73225	M R A UPPER EXTREMITY WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	73725	M R A LOWER EXTREMITY WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	74185	M R A ABDOMEN WITH OR WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8900	MRA ABDOMEN WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8901	MRA ABDOMEN WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8902	MRA ABDOMEN WITH AND W/O CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8909	MRA CHEST W/CONTRAST (EXCLUDING MYOCARDIUM)	Gold Card Eligible
Highmark Managed	MRA	C8910	MRA CHEST W/O CONTRAST (EXCLUDING MYOCARDIUM)	Gold Card Eligible
Highmark Managed	MRA	C8911	MRA CHEST W/ AND W/O CONTRAST (EXCLUDING MYOCARDIUM)	Gold Card Eligible
Highmark Managed	MRA	C8912	MRA LOWER EXTREMITY W/ CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8913	MRA LOWER EXTREMITY W/O CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8914	MRA LOWER EXTREMITY W/ AND W/O CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8918	MRA PELVIS W/ CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8919	MRA PELVIS W/O CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8920	MRA PELVIS W/ AND W/O CONTRAST	Gold Card Eligible
Highmark Managed	MRA	C8931	MRA, W/DYE, SPINAL CANAL	Gold Card Eligible
Highmark Managed	MRA	C8932	MRA, W/O DYE, SPINAL CANAL	Gold Card Eligible
Highmark Managed	MRA	C8933	MRA, W/O & W/DYE, SPINAL CANAL	Gold Card Eligible

Highmark Managed	MRA	C8934	MRA, W/DYE, UPPER EXTREMITY	Gold Card Eligible
Highmark Managed	MRA	C8935	MRA, W/O DYE, UPPER EXTREMITY	Gold Card Eligible
Highmark Managed	MRA	C8936	MRA, W/O & W/DYE, UPPER EXTREMITY	Gold Card Eligible
Highmark Managed	MRI	70336	M R I T M J	Gold Card Eligible
Highmark Managed	MRI	70540	M R I ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70542	M R I FACE, ORBIT, AND/OR NECK WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70543	M R I FACE, ORBIT, AND/OR NECK WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70551	M R I HEAD WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70552	M R I HEAD WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70553	M R I HEAD WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	70554	MRI BRAIN, FUNCTIONAL MRI	Gold Card Eligible
Highmark Managed	MRI	70555	MRI BRAIN, FUNCTIONAL MRI, REQUIRING PHYSICIAN	Gold Card Eligible
Highmark Managed	MRI	71550	M R I CHEST WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	71551	M R I CHEST WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	71552	M R I CHEST WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72141	M R I CERVICAL SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72142	M R I CERVICAL SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72146	M R I THORACIC SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72147	M R I THORACIC SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72148	M R I LUMBAR SPINE WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72149	M R I LUMBAR SPINE WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72156	M R I CERVICAL SPINE WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72157	M R I THORACIC SPINE WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72158	M R I LUMBAR SPINE WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72195	M R I PELVIS WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72196	M R I PELVIS WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	72197	M R I PELVIS WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73218	M R I UPPER EXTREMITY WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73219	M R I UPPER EXTREMITY WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73220	M R I UPPER EXTREMITY WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73221	M R I UPPER EXTREMITY JOINT WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73222	M R I UPPER EXTREMITY JOINT WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73223	M R I UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73718	M R I LOWER EXTREMITY WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73719	M R I LOWER EXTREMITY WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73720	M R I LOWER EXTREMITY WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73721	M R I LOWER EXTREMITY JOINT WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73722	M R I LOWER EXTREMITY JOINT WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	73723	M R I LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	74181	M R I ABDOMEN WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	74182	M R I ABDOMEN WITH CONTRAST	Gold Card Eligible
Highmark Managed	MRI	74183	M R I ABDOMEN WITH & WITHOUT CONTRAST	Gold Card Eligible
Highmark Managed	MRI	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Gold Card Eligible
Highmark Managed	MRI	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)	Gold Card Eligible
Highmark Managed	MRI	76390	M R I SPECTROSCOPY	Gold Card Eligible
Highmark Managed	MRI	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Gold Card Eligible
Highmark Managed	MRI	76498	UNLISTED MRI PROCEDURE	Gold Card Eligible
Highmark Managed	MRI	77021	M R I GUIDANCE FOR NEEDLE PLACEMENT	Gold Card Eligible
Highmark Managed	MRI	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Gold Card Eligible
Highmark Managed	MRI	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Gold Card Eligible
Highmark Managed	MRI	0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	Gold Card Eligible
Highmark Managed	MRI	0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	Gold Card Eligible
Highmark Managed	MRI	0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	Gold Card Eligible
Highmark Managed	MRI	0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	MRI	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	Gold Card Eligible
Highmark Managed	MRI	S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	Gold Card Eligible
Highmark Managed	Nasal Surgery	20912	CARTILAGE GRAFT; NASAL SEPTUM	Gold Card Eligible
Highmark Managed	Neurostimulators	43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	Gold Card Eligible
Highmark Managed	Neurostimulators	61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY	Gold Card Eligible
Highmark Managed	Neurostimulators	61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO 2 OR MORE ELECTRODE ARRAYS	Gold Card Eligible
Highmark Managed	Neurostimulators	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Neurostimulators	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Neurostimulators	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED	Gold Card Eligible
Highmark Managed	Neurostimulators	64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	Gold Card Eligible
Highmark Managed	Neurostimulators	64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	Gold Card Eligible
Highmark Managed	Neurostimulators	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	Gold Card Eligible
Highmark Managed	Neurostimulators	64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Gold Card Eligible
Highmark Managed	Neurostimulators	0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM (TRANSVENOUS PLACEMENT OF RIGHT OR LEFT STIMULATION LEAD, SENSING LEAD, IMPLANTABLE PULSE GENERATOR)	Gold Card Eligible

Highmark Managed	Neurostimulators	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Gold Card Eligible
Highmark Managed	Neurostimulators	E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	Gold Card Eligible
Highmark Managed	Neurostimulators	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	Gold Card Eligible
Highmark Managed	Neurostimulators	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Gold Card Eligible
Highmark Managed	NUC MED	78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION BY FIRST PASS TECHNIQUE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78015	THYROID MET IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78018	THYROID SCAN WHOLE BODY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78020	THYROID CARCINOMA METASTASES UPTAKE	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78075	ADRENAL NUCLEAR IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78102	BONE MARROW IMAGING, LIMITED	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78103	BONE MARROW IMAGING, MULTIPLE	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78104	BONE MARROW IMAGING, WHOLE BODY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78140	LABELLED RED CELL SEQUESTRATION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78185	SPLEEN IMAGING WITH & WITHOUT VASCULAR FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78195	LYMPH SYSTEM IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78201	LIVER IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78202	LIVER IMAGING WITH FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78215	LIVER & SPLEEN IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78216	LIVER & SPLEEN IMAGING WITH FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78230	SALIVARY GLAND IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78231	SERIAL SALIVARY GLAND	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78232	SALIVARY GLAND FUNCTION EXAM	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78258	ESOPHOGUS MOTILITY STUDY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78261	GASTRIC MUCOSA IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78262	GASTROESOPHAGEAL REFLUX EXAM	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78264	GASTRIC EMPTYING STUDY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TRANSIT	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AND COLON TRANSIT, MULTIPLE DAYS	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78278	GI BLEEDER SCAN	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78290	MECKELS DIVERTICULUM IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78291	LEVEEN SHUNT PATENCY EXAM	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78300	BONE OR JOINT IMAGING LIMITED	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78305	BONE OR JOINT IMAGING MULTIPLE	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78306	BONE SCAN WHOLE BODY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78315	BONE SCAN 3 PHASE STUDY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78445	RADIONUCLIDE VENOGRAM NON-CARDIAC	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78456	ACUTE VENOUS THROMBOSIS IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78457	VENOUS THROMBOSIS IMAGING UNILATERAL	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78458	VENOUS THROMBOSIS IMAGES, BILATERAL	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78600	BRAIN IMAGING LIMITED STATIC	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78601	BRAIN LIMITED IMAGING AND FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78605	BRAIN IMAGING COMPLETE	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78606	BRAIN IMAGING COMPLETE WITH FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78610	BRAIN FLOW IMAGING ONLY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78630	CISTERNOGRAM (CEREBROSPINAL FLUID FLOW)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78635	CEREBROSPINAL VENTRICULOGRAPHY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78645	CSF SHUNT EVALUATION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78650	C S F LEAKAGE DETECTION AND LOCALIZATION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78699	UNLISTED NUCLEAR MEDICINE PROCEDURES ON THE NERVOUS SYSTEM	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78700	KIDNEY IMAGING MORPHOLOGY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78701	KIDNEY IMAGING WITH VASCULAR FLOW	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78707	KIDNEY IMAGING WITH VASCULAR FLOW & FUNCTION SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78708	KIDNEY IMAGING SINGLE STUDY WITH PHARMACOLOGICAL INTERVENTION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78709	KIDNEY IMAGING - MULTIPLE STUDIES WITHOUT & WITH PHARMACOLOGICAL INTERVENTION	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78725	KIDNEY FUNCTION STUDY - NON-IMAGING RADIOISOTOPIC	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78730	URINARY BLADDER RESIDUAL STUDY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78740	URETERAL REFLUX STUDY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78761	TESTICULAR IMAGING WITH VASCULAR FLOW	Gold Card Eligible

Highmark Managed	Nuclear Medicine	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 (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE	Gold Card Eligible
Highmark Managed	Nuclear Medicine	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	Gold Card Eligible
Highmark Managed	Nuclear Medicine	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	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78803	RADIOPHARM LOCALIZATION OF TUMOR TOMOGRAPHIC (SPECT)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	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	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS), SINGLE DAY IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	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	Gold Card Eligible
Highmark Managed	Nuclear Medicine	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 DAYS	Gold Card Eligible
Highmark Managed	Nuclear Medicine	78999	UNLISTED PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE-RADIATION THERAPY TREATMENT PLANNING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93312	TEE 2D;INCL PROBE PLACEMENT, IMAGING/INTERP/REPORT	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); IMAGE ACQUISITION, INTERPRETATION AND REPORT ONLY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AND REPORT ONLY	Gold Card Eligible
Highmark Managed	Nuclear Medicine	0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY, AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR VIABILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Nuclear Medicine	C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Gold Card Eligible
Highmark Managed	Nuclear Medicine	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Gold Card Eligible
Highmark Managed	Nuclear Medicine	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Gold Card Eligible
Highmark Managed	Occupational Therapy	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (E.G., ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (E.G., MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; INITIAL 15 MINUTES (REPLACES 97127; PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Occupational Therapy	97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (E.G., ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (E.G., MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (REPLACES 97127; PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Occupational Therapy	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY (PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Oncology	C9307	INJECTION, LINVOSULTAMAB-GCPT, 1 MG (LYNOZYFIC)	
Highmark Managed	Oncology	J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG (ELREXFIO)	
Highmark Managed	Oncology	J1326	INJECTION, ZOLBETUXIMAB-CLZB, 2 MG (VYLOY)	
Highmark Managed	Oncology	J1448	INJECTION, TRILACICLIB, 1 MG (COSELA)	
Highmark Managed	Oncology	J1930	INJECTION, LANREOTIDE, 1 MG (SOMATULINE DEPOT)	
Highmark Managed	Oncology	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	
Highmark Managed	Oncology	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	
Highmark Managed	Oncology	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	
Highmark Managed	Oncology	J2860	INJECTION, SILTUXIMAB (SYLVANT)	
Highmark Managed	Oncology	J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG (TALVEY)	
Highmark Managed	Oncology	J3263	INJECTION, TORIPALIMAB-TPZI, 1 MG (LOQTORZI)	
Highmark Managed	Oncology	J9011	INJECTION, DATOPOTAMAB DERUXTECAN-DLNK, 1 MG (DATROWAY)	
Highmark Managed	Oncology	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	
Highmark Managed	Oncology	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG (IMDELLTRA)	

Highmark Managed	Oncology	J9028	INJECTION, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM (ANKTIVA)
Highmark Managed	Oncology	J9029	INTRAVESICAL INSTILLATION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE (ADSTILADRIN)
Highmark Managed	Oncology	J9032	INJECTION, BELINOSTAT, 10 MG (BELEODAQ)
Highmark Managed	Oncology	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG (TREANDA)
Highmark Managed	Oncology	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG
Highmark Managed	Oncology	J9035	INJECTION, BEVACIZUMAB 10 MG (AVASTIN)
Highmark Managed	Oncology	J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, 1 MG (BELRAPZO)
Highmark Managed	Oncology	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM (BLINCYTO)
Highmark Managed	Oncology	J9041	INJECTION, BORTEZOMIB, 0.1 MG (VELCADE)
Highmark Managed	Oncology	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (ADCETRIS)
Highmark Managed	Oncology	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG
Highmark Managed	Oncology	J9047	INJECTION, CARFILZOMIB, 1 MG (KYPROLIS)
Highmark Managed	Oncology	J9048	BORTEZOMIB (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG
Highmark Managed	Oncology	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG
Highmark Managed	Oncology	J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG
Highmark Managed	Oncology	J9054	INJECTION, BORTEZOMIB (BORUZU), 0.1 MG
Highmark Managed	Oncology	J9055	INJECTION, CETUXIMAB, 10 MG (ERBITUX)
Highmark Managed	Oncology	J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG
Highmark Managed	Oncology	J9058	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG
Highmark Managed	Oncology	J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG
Highmark Managed	Oncology	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG (RYBREVANT)
Highmark Managed	Oncology	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG (ELAHERE)
Highmark Managed	Oncology	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS (ASPARLAS)
Highmark Managed	Oncology	J9144	INJECTION, DARATUMUMAB, 10MG AND HYALURONIDASE-FIHJ (DARZALEX FASPRO)
Highmark Managed	Oncology	J9145	INJECTION, DARATUMUMAB, 10 MG (DARZALEX)
Highmark Managed	Oncology	J9161	INJECTION, DENILEUKIN DIFITOX-CXDL, 1 MCG (LYMPHIR)
Highmark Managed	Oncology	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG (PADCEV)
Highmark Managed	Oncology	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG (ONIVYDE)
Highmark Managed	Oncology	J9210	INJECTION, EMAPALUMAB-LZSG, 1MG (GAMIFANT)
Highmark Managed	Oncology	J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
Highmark Managed	Oncology	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG (SARCLISA)
Highmark Managed	Oncology	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG (BESPONSA)
Highmark Managed	Oncology	J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG
Highmark Managed	Oncology	J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL (ONCASPAR)
Highmark Managed	Oncology	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG (ELZONRIS)
Highmark Managed	Oncology	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG (TIVDAK)
Highmark Managed	Oncology	J9274	INJECTION, TEBENTASFUSP-TEBN, 1 MCG (KIMMTRAK)
Highmark Managed	Oncology	J9275	INJECTION, COSIBELIMAB-IPDL, 2 MG (UNLOXCYT)
Highmark Managed	Oncology	J9276	INJECTION, ZANIDATAMAB-HR11, 2 MG (ZIHHERA)
Highmark Managed	Oncology	J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG (ZUSDURI)
Highmark Managed	Oncology	J9286	INJECTION, GLOFITAMAB-GXBM, 2.5 MG (COLUMVI)
Highmark Managed	Oncology	J9301	INJECTION, OBINUTUZUMAB, 10 MG (GAZYVA)
Highmark Managed	Oncology	J9303	INJECTION, PANITUMUMAB, 10 MG (VECTIBIX)
Highmark Managed	Oncology	J9306	INJECTION, PERTUZUMAB, 1 MG (PERJETA)
Highmark Managed	Oncology	J9308	INJECTION, RAMUCIRUMAB, 5 MG (CYRAMZA)
Highmark Managed	Oncology	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG (POLIVY)
Highmark Managed	Oncology	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE (RITUXAN HYCELA)
Highmark Managed	Oncology	J9312	INJECTION, RITUXIMAB, 10 MG (RITUXAN)
Highmark Managed	Oncology	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10MG (PHESGO)
Highmark Managed	Oncology	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZ1Y, 2.5 MG (TRODELVY)
Highmark Managed	Oncology	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG (EPKINLY)
Highmark Managed	Oncology	J9329	INJECTION, TISLELIZUMAB-JSGR, 1MG (TEVIMBRA)
Highmark Managed	Oncology	J9330	INJECTION, TEMSIROLIMUS, 1 MG (TORISEL)
Highmark Managed	Oncology	J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG (FYARRO)
Highmark Managed	Oncology	J9349	INJECTION, TAFASITAMAB-CXIX, 2MG (MONJUVI)
Highmark Managed	Oncology	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG (LUNSUMIO)
Highmark Managed	Oncology	J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG (MARGENZA)
Highmark Managed	Oncology	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG (KADCYLA)
Highmark Managed	Oncology	J9355	INJECTION, TRASTUZUMAB, 10 MG (HERCEPTIN)
Highmark Managed	Oncology	J9356	INJECTION, TRASTUZUMAB, AND HYALURONIDASE-OYSK (HERCEPTIN HYLECTRA) 10 MG
Highmark Managed	Oncology	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXK1, 1 MG (ENHERTU)
Highmark Managed	Oncology	J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG (ZYNLONTA)
Highmark Managed	Oncology	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5MG (TECVAYLI)
Highmark Managed	Oncology	J9382	INJECTION, ZENOCUTUZUMAB-ZBCO, 1 MG (BIZENGR1)
Highmark Managed	Oncology	J9393	INJECTION, FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG
Highmark Managed	Oncology	J9394	INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG
Highmark Managed	Oncology	J9395	INJECTION, FULVESTRANT, 25 MG (FASLODEX)
Highmark Managed	Oncology	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Highmark Managed	Oncology	Q2043	SIPULEUCET-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION (PROVENGE)
Highmark Managed	Oncology	Q5107	INJECTION, BEVACIZUMAB-AWWWB, BIOSIMILAR, (MVASI), 10 MG
Highmark Managed	Oncology	Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG
Highmark Managed	Oncology	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG
Highmark Managed	Oncology	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG
Highmark Managed	Oncology	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG
Highmark Managed	Oncology	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG
Highmark Managed	Oncology	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG
Highmark Managed	Oncology	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Highmark Managed	Oncology	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG
Highmark Managed	Oncology	Q5123	INJECTION, RETUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG
Highmark Managed	Oncology	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG
Highmark Managed	Oncology	Q5129	INJECTION, BEVACIZUMAB-ABCD (VEGZELMA), BIOSIMILAR, 10 MG
Highmark Managed	Oncology	Q5146	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG
Highmark Managed	Oncology	Q5160	INJECTION, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG
Highmark Managed	Oncology; Site of Care Oncology Drug	J9022	INJECTION, ATEZOLIZUMAB, 10 MG (TECENTRIQ)
Highmark Managed	Oncology; Site of Care Oncology Drug	J9023	INJECTION, AVELUMAB, 10 MG (BAVENCIO)
Highmark Managed	Oncology; Site of Care Oncology Drug	J9024	INJECTION, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS (TECENTRIQ HYBREZA)

Highmark Managed	Oncology; Site of Care Oncology Drug	J9119	INJECTION, CEMPLIMAB-RWLC, 1 MG (LIBTAYO)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9173	INJECTION, DURVALUMAB, 10 MG (IMFINZI)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9228	INJECTION, IPILIMUMAB, 1 MG (YERVOY)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9271	INJECTION, PEMBROLIZUMAB, 1 MG (KEYTRUDA)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9272	INJECTION, DOSTARLIMAB--GXLY, 10 MG (JEMPERLI)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9289	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY (OPDIVO QVANTIG)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9298	INJECTION, NIVOLUMAB AND RELATIMAB-RMBW, 3MG/1MG (OPDUALAG)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9299	INJECTION, NIVOLUMAB, 1 MG (OPDIVO)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9345	INJECTION, RETIFANLIMAB-DLWR, 1MG (ZYNZY)	
Highmark Managed	Oncology; Site of Care Oncology Drug	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG (IMJUDO)	
Highmark Managed	Oral, Orthognathic, TMJ Surgeries	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	
Highmark Managed	Oral, Orthognathic, TMJ Surgeries	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	
Highmark Managed	Oral, Orthognathic, TMJ Surgeries	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	
Highmark Managed	Other DME	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	
Highmark Managed	Other DME	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	
Highmark Managed	Other DME	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	
Highmark Managed	Other Specialty Drugs	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH (SYNAGIS)	
Highmark Managed	Other Specialty Drugs	C9149	INJECTION, TEPLIZUMAB-MZWV, 5 MCG (TZIELD)	
Highmark Managed	Other Specialty Drugs	C9157	INJECTION, TOFERSEN, 1 MG (QALSODY)	
Highmark Managed	Other Specialty Drugs	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	
Highmark Managed	Other Specialty Drugs	J0177	INJECTION, AFLIBERCEPT, 1 MG (EYLEA HD)	
Highmark Managed	Other Specialty Drugs	J0178	INJECTION, AFLIBERCEPT, 1 MG (EYLEA)	
Highmark Managed	Other Specialty Drugs	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG (BEOVU)	
Highmark Managed	Other Specialty Drugs	J0202	INJECTION, ALEMTUZUMAB, 1 MG (LEMTRADA)	
Highmark Managed	Other Specialty Drugs	J0217	INJECTION, VELMANASE ALFA-TYCV, 1 MG (LAMZEDE)	
Highmark Managed	Other Specialty Drugs	J0223	INJECTION, GIVOSIRAN, 0.5 MG (GIVLAARI)	
Highmark Managed	Other Specialty Drugs	J0224	INJECTION, LUMASIRAN, 0.5 MG (OXLUMO)	
Highmark Managed	Other Specialty Drugs	J0225	INJECTION, VUTRISIRAN, 1 MG (AMVUTTRA)	
Highmark Managed	Other Specialty Drugs	J0517	INJECTION, BENRALIZUMAB, 1 MG (FASENRA)	
Highmark Managed	Other Specialty Drugs	J0565	INJECTION, BEZLOTOXUMAB, 10 MG (ZINPLAVA)	
Highmark Managed	Other Specialty Drugs	J0567	INJECTION, CERLIPONASE ALFA, 1 MG (BRINEURA)	
Highmark Managed	Other Specialty Drugs	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT BOTULINUM TOXIN TYPE A, PER UNIT) (BOTOX)	
Highmark Managed	Other Specialty Drugs	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS (DYSPORT)	
Highmark Managed	Other Specialty Drugs	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS BOTULINUM TOXIN TYPE B, PER 100 UNITS (MYOBLOC)	
Highmark Managed	Other Specialty Drugs	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT (XEOMIN)	
Highmark Managed	Other Specialty Drugs	J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT (DAXXIFY)	
Highmark Managed	Other Specialty Drugs	J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (TAKHZYRO)	
Highmark Managed	Other Specialty Drugs	J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), HAEGARDA, 10 UNITS	
Highmark Managed	Other Specialty Drugs	J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS (MIACALCIN)	
Highmark Managed	Other Specialty Drugs	J0638	INJECTION, CANAKINUMAB, 1 MG (ILARIS)	
Highmark Managed	Other Specialty Drugs	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (CIMZIA)	
Highmark Managed	Other Specialty Drugs	J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	
Highmark Managed	Other Specialty Drugs	J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	
Highmark Managed	Other Specialty Drugs	J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG (REBLOZYL)	
Highmark Managed	Other Specialty Drugs	J0897	INJECTION, DENOSUMAB, 1 MG (PROLIA)	
Highmark Managed	Other Specialty Drugs	J0897	INJECTION, DENOSUMAB, 1 MG (XGEVA)	

Highmark Managed	Other Specialty Drugs	J1290	INJECTION, ECALLANTIDE, 1 MG (KALBITOR)	
Highmark Managed	Other Specialty Drugs	J1304	INJECTION, TOFERSEN, 1 MG (QALSODY)	
Highmark Managed	Other Specialty Drugs	J1306	INJECTION, INCLISIRAN, 1 MG (LEQVIO)	
Highmark Managed	Other Specialty Drugs	J1307	INJECTION, CROVALIMAB-AKZ, 10 MG (PIASKY)	
Highmark Managed	Other Specialty Drugs	J1325	INJECTION, EPOPROSTENOL, 0.5 MG (FLOLAN)	
Highmark Managed	Other Specialty Drugs	J1325	INJECTION, EPOPROSTENOL, 0.5 MG (VELETRI)	
Highmark Managed	Other Specialty Drugs	J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRIB, PER THERAPEUTIC DOSE (HEMGENIX)	
Highmark Managed	Other Specialty Drugs	J1412	INJECTION, VALOTOCOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2X10 <sup>13</sup> VECTOR GENOMES (ROCTAVIAN)	
Highmark Managed	Other Specialty Drugs	J1413	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE (ELEVIDYS)	
Highmark Managed	Other Specialty Drugs	J1414	INJECTION, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE (BEQVEZ)	
Highmark Managed	Other Specialty Drugs	J1426	INJECTION, CASIMERSEN, 10 MG (AMONDYS 45)	
Highmark Managed	Other Specialty Drugs	J1427	INJECTION, VILTOLARSEN, 10 MG (VILTEPSO)	
Highmark Managed	Other Specialty Drugs	J1428	INJECTION, ETEPLIRSEN, 10 MG (EXONDYS 51)	
Highmark Managed	Other Specialty Drugs	J1429	INJECTION, GOLODIRSEN, 10 MG (VYONDYS 53)	
Highmark Managed	Other Specialty Drugs	J1442	INJECTION, FILGRASTIM (G-CSF) (NEUPOGEN)	
Highmark Managed	Other Specialty Drugs	J1447	INJECTION, TBO-FILGRASTIM, 1 MCG (GRANIX)	
Highmark Managed	Other Specialty Drugs	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG (ROLVEDON)	
Highmark Managed	Other Specialty Drugs	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	
Highmark Managed	Other Specialty Drugs	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	
Highmark Managed	Other Specialty Drugs	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	
Highmark Managed	Other Specialty Drugs	J1559	INJECTION, IMMUNE GLOBULIN 100 MG (HIZENTRA)	
Highmark Managed	Other Specialty Drugs	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNOGLOBULIN	
Highmark Managed	Other Specialty Drugs	J1628	INJECTION, GUSELKUMAB, 1 MG (TREMIFYA IV)	
Highmark Managed	Other Specialty Drugs	J1632	INJECTION, BREXANOLONE, 1 MG (ZULRESSO)	
Highmark Managed	Other Specialty Drugs	J1744	INJECTION, ICATIBANT, 1 MG (FIRAZYR)	
Highmark Managed	Other Specialty Drugs	J1746	INJECTION, IBALIZUMAB-UIYK, 1- MG (TROGARZO)	
Highmark Managed	Other Specialty Drugs	J2182	INJECTION, MEPOLIZUMAB, 1 MG (NUCALA)	
Highmark Managed	Other Specialty Drugs	J2267	INJECTION, MIRIKIZUMAB-MRKZ, 1MG (OMVOH)	
Highmark Managed	Other Specialty Drugs	J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	
Highmark Managed	Other Specialty Drugs	J2326	INJECTION, NUSINERSEN, 0.1 MG (SPINRAZA)	
Highmark Managed	Other Specialty Drugs	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG (SKYRIZI)	
Highmark Managed	Other Specialty Drugs	J2329	INJECTION, UBLITUXIMAB-SIY, 1 MG (BRIUMVI)	
Highmark Managed	Other Specialty Drugs	J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ (OCREVUS ZUNOVO)	
Highmark Managed	Other Specialty Drugs	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	
Highmark Managed	Other Specialty Drugs	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG (TEZSPIRE)	
Highmark Managed	Other Specialty Drugs	J2357	INJECTION, OMALIZUMAB, 5 MG (XOLAIR)	
Highmark Managed	Other Specialty Drugs	J2469	INJECTION, PALONOSETRON HCL, 25 MCG (ALOXI)	
Highmark Managed	Other Specialty Drugs	J2506	INJECTION, PEGFILGRASTIM, 6 MG (NEULASTA)	
Highmark Managed	Other Specialty Drugs	J2507	INJECTION, PEGLOTICASE, 1 MG (KRYSTEXXA)	
Highmark Managed	Other Specialty Drugs	J2508	INJECTION, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG (ELFABRIO)	
Highmark Managed	Other Specialty Drugs	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG (VABYSMO)	
Highmark Managed	Other Specialty Drugs	J2778	INJECTION, RANIBIZUMAB, 0.1 MG (LUCENTIS)	
Highmark Managed	Other Specialty Drugs	J2779	INJECTION, RANIBIZUMAB, VIA INTRVITREAL IMPLANT (SUSVIMO), 0.1 MG	
Highmark Managed	Other Specialty Drugs	J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG (SYFOVRE)	
Highmark Managed	Other Specialty Drugs	J2782	INJECTION, AVACINCAPTAD PEGOL, 0.1 MG (IZERVAY)	
Highmark Managed	Other Specialty Drugs	J2786	INJECTION, RESLIZUMAB, 1 MG (CINQAIR)	
Highmark Managed	Other Specialty Drugs	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)	
Highmark Managed	Other Specialty Drugs	J2941	INJECTION, SOMATROPIN, 1MG	
Highmark Managed	Other Specialty Drugs	J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG (RYPLAZIM)	
Highmark Managed	Other Specialty Drugs	J3111	INJECTION, ROMOSUZUMAB-AQG, 1 MG (EVENITY)	
Highmark Managed	Other Specialty Drugs	J3245	INJECTION, TILDRAKIZUMAB, 1 MG (ILUMYA)	
Highmark Managed	Other Specialty Drugs	J3285	INJECTION, TREPROSTINIL, 1 MG (REMODULIN)	

Highmark Managed	Other Specialty Drugs	J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG (TRIPTODUR)	
Highmark Managed	Other Specialty Drugs	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG (STELARA)	
Highmark Managed	Other Specialty Drugs	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)	
Highmark Managed	Other Specialty Drugs	J3387	INJECTION, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT (SKYSONA)	
Highmark Managed	Other Specialty Drugs	J3389	TOPICAL ADMINISTRATION, PRADEMAGENE ZAMIKERACEL, PER TREATMENT (ZEVASKYN)	
Highmark Managed	Other Specialty Drugs	J3391	INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT (LENMELDY)	
Highmark Managed	Other Specialty Drugs	J3392	INJECTION, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT (CASGEVY)	
Highmark Managed	Other Specialty Drugs	J3393	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT (ZYNTEGLO)	
Highmark Managed	Other Specialty Drugs	J3394	INJECTION LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT (LYFGENIA)	
Highmark Managed	Other Specialty Drugs	J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOME (LUXTURNA)	
Highmark Managed	Other Specialty Drugs	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 <sup>15</sup> VECTOR GENOMES (ZOLGENSMA)	
Highmark Managed	Other Specialty Drugs	J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADMINISTRATION, CONTAINING NOMINAL 5X10 <sup>9</sup> PFU/ML VECTOR GENOMES, PER 0.1 ML (VYJUVEK)	
Highmark Managed	Other Specialty Drugs	J3402	INJECTION, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE (RYONCIL)	
Highmark Managed	Other Specialty Drugs	J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT (ENCELTO IMPLANT)	
Highmark Managed	Other Specialty Drugs	J3590	UNCLASSIFIED BIOLOGICS	
Highmark Managed	Other Specialty Drugs	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	
Highmark Managed	Other Specialty Drugs	J7316	INJECTION, OCRIPLASMIN, 0.125 MG (JETREA)	
Highmark Managed	Other Specialty Drugs	J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	
Highmark Managed	Other Specialty Drugs	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	
Highmark Managed	Other Specialty Drugs	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	
Highmark Managed	Other Specialty Drugs	J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	
Highmark Managed	Other Specialty Drugs	J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	
Highmark Managed	Other Specialty Drugs	J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS (KITABIS, TOBI, BETHKIS)	
Highmark Managed	Other Specialty Drugs	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG (TYVASO)	
Highmark Managed	Other Specialty Drugs	J9038	INJECTION, AXATILIMAB-CSFR, 0.1 MG (NIKTIMVO)	
Highmark Managed	Other Specialty Drugs	J9256	INJECTION, NIPOCALIMAB-AAHU, 3 MG (IMAAVY)	
Highmark Managed	Other Specialty Drugs	J9326	INJECTION, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG (EMRELIS)	
Highmark Managed	Other Specialty Drugs	J9333	INJECTION, ROZANOLIXIZUMAB-NOLI, 1 MG (RYSTIGGO)	
Highmark Managed	Other Specialty Drugs	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC (VYVGART HYTRULO)	
Highmark Managed	Other Specialty Drugs	J9361	INJECTION, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG (RYZNEUTA)	
Highmark Managed	Other Specialty Drugs	J9376	INJECTION, POZELIMAB-BBFG, 1 MG (VEOPOZ)	
Highmark Managed	Other Specialty Drugs	J9381	TEPLIZUMAB-MZVV (TZIELD)	
Highmark Managed	Other Specialty Drugs	Q5098	INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG, INTRAVENOUS	
Highmark Managed	Other Specialty Drugs	Q5098	INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG, SUBCUTANEOUS	
Highmark Managed	Other Specialty Drugs	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG, INTRAVENOUS	
Highmark Managed	Other Specialty Drugs	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG, SUBCUTANEOUS	
Highmark Managed	Other Specialty Drugs	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG, INTRAVENOUS	
Highmark Managed	Other Specialty Drugs	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG, SUBCUTANEOUS	
Highmark Managed	Other Specialty Drugs	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MCG	
Highmark Managed	Other Specialty Drugs	Q5108	INJECTION, PEGFILGRASTIM-JMDB, (FULPHILA), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MCG	
Highmark Managed	Other Specialty Drugs	Q5111	INJECTION PEGFILGRASTIM-CBQV, (UDENYCA), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, (ZIEXTENZO), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5122	INJECTION, PEGFILGRASTIM-APGF, (NYVEPRIA), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSILIMAR, (BYOOVIZ), 0.1 MG	

Highmark Managed	Other Specialty Drugs	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MCG	
Highmark Managed	Other Specialty Drugs	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	
Highmark Managed	Other Specialty Drugs	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	
Highmark Managed	Other Specialty Drugs	Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5136	INJECTION, DENOSUMAB-BBDZ (WYOST), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5137	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5138	INJECTION, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5147	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5148	INJECTION, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	
Highmark Managed	Other Specialty Drugs	Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5150	INJECTION, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5153	INJECTION, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5154	INJECTION, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	
Highmark Managed	Other Specialty Drugs	Q5155	INJECTION, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5157	INJECTION, DENOSUMAB-BMWO (OSENVELT), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5158	INJECTION, DENOSUMAB-BNHT (BOMYNTRA), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5158	INJECTION, DENOSUMAB-BNHT (CONEXXENCE), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5159	INJECTION, DENOSUMAB-DSSB (OSPOMYV), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q5159	INJECTION, DENOSUMAB-DSSB (XBRYK), BIOSIMILAR, 1 MG	
Highmark Managed	Other Specialty Drugs	Q9996	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q9997	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), INTRAVENOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), SUBCUTANEOUS, 1 MG	
Highmark Managed	Other Specialty Drugs	Q9999	INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG, INTRAVENOUS	
Highmark Managed	Other Specialty Drugs	Q9999	INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG, SUBCUTANEOUS	
Highmark Managed	Outpatient Detoxification/Rehabilitation	H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	
Highmark Managed	Outpatient Detoxification/Rehabilitation	H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	
Highmark Managed	Outpatient Detoxification/Rehabilitation	H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	
Highmark Managed	Outpatient Detoxification/Rehabilitation	H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	
Highmark Managed	Oxygen & Supplies	E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	
Highmark Managed	Patient Lift/Frame	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	
Highmark Managed	Patient Lift/Frame	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	
Highmark Managed	Patient Lift/Frame	E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	
Highmark Managed	Patient Lift/Frame	E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	
Highmark Managed	Patient Lift/Frame	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	
Highmark Managed	Patient Lift/Frame	E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	
Highmark Managed	PET	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION	Gold Card Eligible
Highmark Managed	PET	78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION	Gold Card Eligible
Highmark Managed	PET	78811	PET IMAGING; LIMITED AREA	Gold Card Eligible
Highmark Managed	PET	78812	PET IMAGING; SKULL BASE TO MID-THIGH	Gold Card Eligible
Highmark Managed	PET	78813	PET IMAGING; WHOLE BODY	Gold Card Eligible
Highmark Managed	PET	78814	PET WITH CONCURRENTLY ACQUIRED CT; LIMITED AREA	Gold Card Eligible
Highmark Managed	PET	78815	PET WITH CONCURRENTLY ACQUIRED CT; SKULL BASE TO MID-THIGH	Gold Card Eligible
Highmark Managed	PET	78816	PET WITH CONCURRENTLY ACQUIRED CT; WHOLE BODY	Gold Card Eligible
Highmark Managed	PET	G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	Gold Card Eligible
Highmark Managed	PET	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	Gold Card Eligible
Highmark Managed	PET	G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER	Gold Card Eligible
Highmark Managed	PET	S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL HEAD COINCIDENCE DETECTION SYSTEM. (NON-DEDICATED PET SCAN)	Gold Card Eligible
Highmark Managed	Physical Therapy	97010	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; HOT OR COLD PACKS	
Highmark Managed	Physical Therapy	97012	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; TRACTION, MECHANICAL	
Highmark Managed	Physical Therapy	97014	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	

Highmark Managed	Physical Therapy	97016	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; VASOPNEUMATIC DEVICES	
Highmark Managed	Physical Therapy	97018	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; PARAFFIN BATH	
Highmark Managed	Physical Therapy	97022	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; WHIRLPOOL	
Highmark Managed	Physical Therapy	97024	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; DIATHERMY (E.G., MICROWAVE)	
Highmark Managed	Physical Therapy	97026	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; INFRARED	
Highmark Managed	Physical Therapy	97028	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; ULTRAVIOLET	
Highmark Managed	Physical Therapy	97032	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97033	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97034	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97035	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97036	APPLICATION OF A MODALITY TO ONE (1) OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE (PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020))	
Highmark Managed	Physical Therapy	97110	THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY	
Highmark Managed	Physical Therapy	97112	THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH FIFTEEN MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	
Highmark Managed	Physical Therapy	97113	THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	
Highmark Managed	Physical Therapy	97116	THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	
Highmark Managed	Physical Therapy	97124	THERAPEUTIC PROCEDURE, ONE (1) OR MORE AREAS, EACH 15 MINUTES; MASSAGE INCLUDING EFFLEURAGE, PETRISSAGE, AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	
Highmark Managed	Physical Therapy	97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY) (PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Physical Therapy	97140	MANUAL THERAPY TECHNIQUES, (E.G., MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, TRACTION), ONE (1) OR MORE REGIONS, EACH 15 MINUTES	
Highmark Managed	Physical Therapy	97150	THERAPEUTIC PROCEDURE(S), GROUP (TWO [2] OR MORE INDIVIDUALS)	
Highmark Managed	Physical Therapy	97164	RE-EVALUATION OF PHYSICAL THERAPY (PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Physical Therapy/Occupational Therapy	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY PROVIDER, EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97535	SELF-CARE/HOME MANAGEMENT TRAINING (E.G., ACTIVITIES OF DAILY LIVING [ADL] AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97537	COMMUNITY/WORK REINTEGRATION TRAINING (E.G., SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97542	WHEELCHAIR MANAGEMENT (E.G., ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (E.G., MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	97755	ASSISTIVE TECHNOLOGY ASSESSMENT (E.G., TO RESTORE, AUGMENT, OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTIONAL TASKS, AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, WITH WRITTEN REPORT, EACH 15 MINUTES	
Highmark Managed	Physical Therapy/Occupational Therapy	G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION (S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE (PRIOR AUTHORIZATION REQUIRED EFFECTIVE 2/1/2020)	
Highmark Managed	Pneumatic Compression	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	
Highmark Managed	Pneumatic Compression	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	
Highmark Managed	Pneumatic Compression	E0655	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	
Highmark Managed	Pneumatic Compression	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	
Highmark Managed	Pneumatic Compression	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	
Highmark Managed	Pneumatic Compression	E0660	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	
Highmark Managed	Pneumatic Compression	E0665	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	
Highmark Managed	Pneumatic Compression	E0666	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	
Highmark Managed	Pneumatic Compression	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	
Highmark Managed	Pneumatic Compression	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	
Highmark Managed	Pneumatic Compression	E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	
Highmark Managed	Pneumatic Compression	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, TWO FULL LEGS AND TRUNK	
Highmark Managed	Pneumatic Compression	E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	
Highmark Managed	Pneumatic Compression	E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	
Highmark Managed	Pneumatic Compression	E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	
Highmark Managed	Pneumatic Compression	E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	
Highmark Managed	Pneumatic Compression	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	

Highmark Managed	Powered Vehicles & Accessories	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER
Highmark Managed	Powered Vehicles & Accessories	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
Highmark Managed	Powered Vehicles & Accessories	E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
Highmark Managed	Powered Vehicles & Accessories	E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE
Highmark Managed	Powered Vehicles & Accessories	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
Highmark Managed	Powered Vehicles & Accessories	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
Highmark Managed	Powered Vehicles & Accessories	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
Highmark Managed	Powered Vehicles & Accessories	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES
Highmark Managed	Powered Vehicles & Accessories	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES
Highmark Managed	Powered Vehicles & Accessories	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH
Highmark Managed	Powered Vehicles & Accessories	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH
Highmark Managed	Powered Vehicles & Accessories	K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
Highmark Managed	Powered Vehicles & Accessories	K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING
Highmark Managed	Powered Vehicles & Accessories	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
Highmark Managed	Powered Vehicles & Accessories	K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
Highmark Managed	Powered Vehicles & Accessories	K0098	DRIVE BELT FOR POWER WHEELCHAIR
Highmark Managed	Powered Vehicles & Accessories	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Highmark Managed	Powered Vehicles & Accessories	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Powered Vehicles & Accessories	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Powered Vehicles & Accessories	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Powered Vehicles & Accessories	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Powered Vehicles & Accessories	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

Highmark Managed	Powered Vehicles & Accessories	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
Highmark Managed	Powered Vehicles & Accessories	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
Highmark Managed	Powered Vehicles & Accessories	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
Highmark Managed	Powered Vehicles & Accessories	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	
Highmark Managed	Powered Vehicles & Accessories	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	
Highmark Managed	Powered Vehicles & Accessories	K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	
Highmark Managed	Private Duty Nursing/Home Health	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	
Highmark Managed	Private Duty Nursing/Home Health	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	
Highmark Managed	Prostatectomy	55810	PROSTATECTOMY, PERINEAL RADICAL;	Gold Card Eligible
Highmark Managed	Prostatectomy	55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	Gold Card Eligible
Highmark Managed	Prostatectomy	55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Gold Card Eligible
Highmark Managed	Prostatectomy	55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING	Gold Card Eligible
Highmark Managed	Prostatectomy	55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	Gold Card Eligible
Highmark Managed	Prostatectomy	55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Gold Card Eligible
Highmark Managed	Prostatectomy	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Prosthetics & Orthoses	L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	

Highmark Managed	Prosthetics & Orthoses	L1840	KNEE ORTHOSIS (KO), DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthoses	L1844	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthoses	L1846	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOMER FABRICATED
Highmark Managed	Prosthetics & Orthoses	L2005	KNEE-ANKLE-FOOT ORTHOSIS (KAFO) ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthoses	L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthoses	L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthoses	L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthoses	L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthoses	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM
Highmark Managed	Prosthetics & Orthoses	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE (AK) UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthoses	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET
Highmark Managed	Prosthetics & Orthoses	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET
Highmark Managed	Prosthetics & Orthoses	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET
Highmark Managed	Prosthetics & Orthoses	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET
Highmark Managed	Prosthetics & Orthoses	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE (AK), FLEXIBLE INNER SOCKET, EXTERNAL FRAME
Highmark Managed	Prosthetics & Orthoses	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE (BK)/ABOVE KNEE (AK), CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY
Highmark Managed	Prosthetics & Orthoses	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL (SAFETY KNEE)
Highmark Managed	Prosthetics & Orthoses	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL
Highmark Managed	Prosthetics & Orthoses	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthoses	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthoses	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)
Highmark Managed	Prosthetics & Orthoses	L5857	ADDITION TO LOWER EXTREMITY PROsthESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S) ANY TYPE
Highmark Managed	Prosthetics & Orthoses	L5858	ADDITION TO LOWER EXTREMITY PROsthESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
Highmark Managed	Prosthetics & Orthoses	L5999	LOWER EXTREMITY PROsthESIS, NOT OTHERWISE SPECIFIED
Highmark Managed	Prosthetics & Orthoses	L6020	PARTIAL HAND, NO FINGER REMAINING
Highmark Managed	Prosthetics & Orthoses	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF
Highmark Managed	Prosthetics & Orthoses	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF
Highmark Managed	Prosthetics & Orthoses	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROsthESIS)
Highmark Managed	Prosthetics & Orthoses	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)
Highmark Managed	Prosthetics & Orthoses	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM
Highmark Managed	Prosthetics & Orthoses	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROsthESIS)
Highmark Managed	Prosthetics & Orthoses	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthoses	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthoses	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL
Highmark Managed	Prosthetics & Orthoses	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthoses	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK
Highmark Managed	Prosthetics & Orthoses	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE
Highmark Managed	Prosthetics & Orthoses	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR
Highmark Managed	Prosthetics & Orthoses	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR
Highmark Managed	Prosthetics & Orthoses	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW

Highmark Managed	Prosthetics & Orthoses	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	
Highmark Managed	Prosthetics & Orthoses	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, 2 BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL	
Highmark Managed	Prosthetics & Orthoses	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT	
Highmark Managed	Prosthetics & Orthoses	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL	
Highmark Managed	Prosthetics & Orthoses	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT	
Highmark Managed	Prosthetics & Orthoses	L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	
Highmark Managed	Prosthetics & Orthoses	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OR ELBOW AND TERMINAL DEVICE	
Highmark Managed	Prosthetics & Orthoses	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR-EQUAL, SWITCH CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7190	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7191	ELECTRONIC ELBOW CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	
Highmark Managed	Prosthetics & Orthoses	L7499	UPPER EXTREMITY PROsthESIS, NOT OTHERWISE SPECIFIED	
Highmark Managed	Prosthetics & Orthoses	L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	
Highmark Managed	Prosthetics & Orthoses	V2629	PROSTHETIC EYE, OTHER TYPE	
Highmark Managed	QMR	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; SINGLE ORGAN	Gold Card Eligible
Highmark Managed	QMR	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); SINGLE ORGAN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	QMR	0697T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE) DURING THE SAME SESSION; MULTIPLE ORGANS	Gold Card Eligible
Highmark Managed	QMR	0698T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC MRI EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE); MULTIPLE ORGANS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	Gold Card Eligible

Highmark Managed	Reconstructive and/or Cosmetic	15781	DERMABRASION; SEGMENTAL, FACE	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15782	DERMABRASION REGIONAL, OTHER THAN FACE	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15789	CHEMICAL PEEL, FACIAL; DERMAL	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15819	CERVICOPLASTY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15820	BLEPHAROPLASTY, LOWER EYELID;	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15822	BLEPHAROPLASTY, UPPER EYELID;	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15824	RHYTIDECTOMY; FOREHEAD	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP )	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIPS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREAS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50 SQ CM	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50 SQ CM	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19301	MASTECTOMY, PARTIAL (E.G. LUMPECTOMY, TYLECTOMY, QUADRANECTOMY, SEGMENTECTOMY);	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19303	MASTECTOMY, SIMPLE, COMPLETE	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19318	REDUCTION MAMMOPLASTY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19325	MAMMOPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19355	CORRECTION OF INVERTED NIPPLES	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	Gold Card Eligible

Highmark Managed	Reconstructive and/or Cosmetic	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	30630	REPAIR NASAL SEPTAL PERFORATIONS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	31295	NASAL/SINUS ENDOSCOPY, SURGICAL WITH DILATION (E.G., BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	49250	UMBILICTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	67911	CORRECTION OF LID RETRACTION	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	69300	OTOPLASTY PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY)	Gold Card Eligible
Highmark Managed	Reconstructive and/or Cosmetic	Q4433	361 HCT/P SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Site of Care Drugs	J0129	INJECTION, ABATACEPT, 10 MG (ORENCIA)	
Highmark Managed	Site of Care Drugs	J0174	INJECTION, LECANEMAB-IRMB, 1 MG (LEQEMBI)	
Highmark Managed	Site of Care Drugs	J0175	INJECTION, DONANEMAB-AZBT, 2 MG (KISUNLA)	
Highmark Managed	Site of Care Drugs	J0180	INJECTION, AGALSIDASE BETA, 1 MG (FABRAZYME)	
Highmark Managed	Site of Care Drugs	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG (XENPOZYME)	
Highmark Managed	Site of Care Drugs	J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG (NEXVIAZYME)	
Highmark Managed	Site of Care Drugs	J0221	INJECTION ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	
Highmark Managed	Site of Care Drugs	J0222	INJECTION, PATISIRAN, 0.1 MG (ONPATTRO)	
Highmark Managed	Site of Care Drugs	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) (ARALAST)	
Highmark Managed	Site of Care Drugs	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) (ZEMAIRA)	
Highmark Managed	Site of Care Drugs	J0256	INJECTION, ALPHA-1 PROTEINASE INHIBITOR (HUMAN) (PROLASTIN)	
Highmark Managed	Site of Care Drugs	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) 10 MG (GLASSIA)	
Highmark Managed	Site of Care Drugs	J0490	INJECTION, BELIMUMAB, 10 MG (BENLYSTA)	
Highmark Managed	Site of Care Drugs	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG (SAPHNELO)	
Highmark Managed	Site of Care Drugs	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	
Highmark Managed	Site of Care Drugs	J0597	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	
Highmark Managed	Site of Care Drugs	J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	
Highmark Managed	Site of Care Drugs	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG (ADAKVEO)	
Highmark Managed	Site of Care Drugs	J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG (POMBILITI)	
Highmark Managed	Site of Care Drugs	J1299	INJECTION, ECUZIZUMAB, 2 MG (SOLIRIS)	
Highmark Managed	Site of Care Drugs	J1301	INJECTION, EDARAVONE, 1 MG (RADICAVA)	
Highmark Managed	Site of Care Drugs	J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG (ENJAYMO)	
Highmark Managed	Site of Care Drugs	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG (ULTOMIRIS)	
Highmark Managed	Site of Care Drugs	J1305	INJECTION, EVINACUMAB-DGNB, 5 MG (EVKEEZA)	
Highmark Managed	Site of Care Drugs	J1322	INJECTION, ELOSULFASE ALFA, 1 MG (VIMIZIM)	
Highmark Managed	Site of Care Drugs	J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	
Highmark Managed	Site of Care Drugs	J1459	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG (PRIVIGEN)	
Highmark Managed	Site of Care Drugs	J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO), 100 MG	
Highmark Managed	Site of Care Drugs	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	
Highmark Managed	Site of Care Drugs	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	
Highmark Managed	Site of Care Drugs	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	
Highmark Managed	Site of Care Drugs	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	
Highmark Managed	Site of Care Drugs	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG (GAMMAGARD S/D)	
Highmark Managed	Site of Care Drugs	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	
Highmark Managed	Site of Care Drugs	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500MG	
Highmark Managed	Site of Care Drugs	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	
Highmark Managed	Site of Care Drugs	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	
Highmark Managed	Site of Care Drugs	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG (YIMMUGO)	
Highmark Managed	Site of Care Drugs	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE (SIMPONI ARIA)	
Highmark Managed	Site of Care Drugs	J1743	INJECTION, IDURSULFASE, 1 MG (ELAPRASE)	
Highmark Managed	Site of Care Drugs	J1745	INJECTION INFLIXIMAB, 10 MG (REMICADE)	
Highmark Managed	Site of Care Drugs	J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG (SPEVIGO)	
Highmark Managed	Site of Care Drugs	J1786	INJECTION, IMIGLUCERASE, 10 UNITS (CEREZYME)	
Highmark Managed	Site of Care Drugs	J1823	INJECTION, INEBILIZUMAB-CDON, 1MG (UPLIZNA)	
Highmark Managed	Site of Care Drugs	J1931	INJECTION, LARONIDASE, 0.1 MG (ALDURAZYME)	

Highmark Managed	Site of Care Drugs	J2350	INJECTION, OCRELIZUMAB, 1 MG (OCREVUS)	
Highmark Managed	Site of Care Drugs	J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)	
Highmark Managed	Site of Care Drugs	J3032	INJECTION, EPTINEZUMAB-JJMR, 1MG (VYEPTI)	
Highmark Managed	Site of Care Drugs	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS (ELELYSO)	
Highmark Managed	Site of Care Drugs	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG (TEPEZZA)	
Highmark Managed	Site of Care Drugs	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG (COSENTYX)	
Highmark Managed	Site of Care Drugs	J3262	INJECTION, TOCILIZUMAB, 1 MG (ACTEMRA)	
Highmark Managed	Site of Care Drugs	J3380	INJECTION, VEDOLIZUMAB, 1 MG (ENTYVIO)	
Highmark Managed	Site of Care Drugs	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (VPRIV)	
Highmark Managed	Site of Care Drugs	J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG (MEPSEVII)	
Highmark Managed	Site of Care Drugs	J7171	INJECTION, ADAMTS13, RECOMBINANT-KRHN, 10 IU (ADZYNMA)	
Highmark Managed	Site of Care Drugs	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG (VYVGART)	
Highmark Managed	Site of Care Drugs	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	
Highmark Managed	Site of Care Drugs	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLXIS), 10 MG	
Highmark Managed	Site of Care Drugs	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	
Highmark Managed	Site of Care Drugs	Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	
Highmark Managed	Site of Care Drugs	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	
Highmark Managed	Site of Care Drugs	Q5151	INJECTION, ECUZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	
Highmark Managed	Site of Care Drugs	Q5152	INJECTION, ECUZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	
Highmark Managed	Site of Care Drugs	Q5156	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	
Highmark Managed	Skin Substitutes	Q4107	GRAFTJACKET, PER SQ CM	
Highmark Managed	Skin Substitutes	Q4116	ALLODERM, PER SQ CM	
Highmark Managed	Skin Substitutes	Q4159	AFFINITY, PER SQ CM	
Highmark Managed	Skin Substitutes	Q4187	EPICORD, PER SQ CM	
Highmark Managed	Skin Substitutes	V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	
Highmark Managed	Sleep Studies	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST	Gold Card Eligible
Highmark Managed	Sleep Studies	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Gold Card Eligible
Highmark Managed	Sleep Studies	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Gold Card Eligible
Highmark Managed	Sleep Studies	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 BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Gold Card Eligible
Highmark Managed	Specialty Surgery	37788	PENILE REVASCLARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	
Highmark Managed	Specialty Surgery	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	
Highmark Managed	Specialty Surgery	43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	
Highmark Managed	Specialty Surgery	43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	
Highmark Managed	Speech Assistance Devices	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	
Highmark Managed	Speech Assistance Devices	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	
Highmark Managed	Speech Assistance Devices	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	
Highmark Managed	Speech Assistance Devices	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	
Highmark Managed	Speech Therapy	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL (NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS)	
Highmark Managed	Speech Therapy	92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS (NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS)	
Highmark Managed	Speech Therapy	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING (NOT APPLICABLE TO NY MEDICARE ADVANTAGE MEMBERS)	
Highmark Managed	Spine Surgery	22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS	
Highmark Managed	Spine Surgery	22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	
Highmark Managed	Spine Surgery	22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	
Highmark Managed	Spine Surgery	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	
Highmark Managed	Spine Surgery	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	
Highmark Managed	Spine Surgery	22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	
Highmark Managed	Spine Surgery	22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	
Highmark Managed	Spine Surgery	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	
Highmark Managed	Spine Surgery	62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJ	
Highmark Managed	Spine Surgery	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	
Highmark Managed	Spine Surgery	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	
Highmark Managed	Spine Surgery	63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; THORACIC	
Highmark Managed	Spine Surgery	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	
Highmark Managed	Spine Surgery	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	
Highmark Managed	Spine Surgery	63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN 2 SEGMENTS	
Highmark Managed	Spine Surgery	63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	
Highmark Managed	Spine Surgery	63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	
Highmark Managed	Spine Surgery	63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	
Highmark Managed	Spine Surgery	63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	

Highmark Managed	Spine Surgery	63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	
Highmark Managed	Spine Surgery	63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	
Highmark Managed	Spine Surgery	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	
Highmark Managed	Spine Surgery	63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	
Highmark Managed	Spine Surgery	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	
Highmark Managed	Spine Surgery	63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	
Highmark Managed	Spine Surgery	63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	
Highmark Managed	Spine Surgery	63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, CERVICAL	
Highmark Managed	Spine Surgery	63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	
Highmark Managed	Spine Surgery	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	
Highmark Managed	Spine Surgery	C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	
Highmark Managed	Stress Testing	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.	Gold Card Eligible
Highmark Managed	Stress Testing	78414	NON-IMAGING HEART FUNCTION	Gold Card Eligible
Highmark Managed	Stress Testing	78428	CARDIAC SHUNT IMAGING	Gold Card Eligible
Highmark Managed	Stress Testing	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)	Gold Card Eligible
Highmark Managed	Stress Testing	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	Gold Card Eligible
Highmark Managed	Stress Testing	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)	Gold Card Eligible
Highmark Managed	Stress Testing	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	Gold Card Eligible
Highmark Managed	Stress Testing	78466	MYOCARDIAL INFARCTION SCAN	Gold Card Eligible
Highmark Managed	Stress Testing	78468	HEART INFARCT IMAGE EJECTION FRACTION	Gold Card Eligible
Highmark Managed	Stress Testing	78469	HEART INFARCT IMAGE 3D SPECT	Gold Card Eligible
Highmark Managed	Stress Testing	78472	CARDIAC BLOOD POOL IMAGING, SINGLE	Gold Card Eligible
Highmark Managed	Stress Testing	78473	CARDIAC BLOOD POOL IMAGING, MULTIPLE	Gold Card Eligible
Highmark Managed	Stress Testing	78481	HEART FIRST PASS SINGLE	Gold Card Eligible
Highmark Managed	Stress Testing	78483	CARDIAC BLOOD POOL IMAGING, MULTIPLE	Gold Card Eligible
Highmark Managed	Stress Testing	78494	CARDIAC BLOOD POOL IMAGING, SPECT	Gold Card Eligible
Highmark Managed	Stress Testing	78499	UNLISTED CARDIOVASCULAR PROCEDURE	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12	Gold Card Eligible
Highmark Managed	Tonsil & Adenoid Surgery	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	Gold Card Eligible
Highmark Managed	Transplant	32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	
Highmark Managed	Transplant	32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	
Highmark Managed	Transplant	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL DEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	
Highmark Managed	Transplant	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL DEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	
Highmark Managed	Transplant	33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	
Highmark Managed	Transplant	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	
Highmark Managed	Transplant	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	
Highmark Managed	Transplant	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	
Highmark Managed	Transplant	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	
Highmark Managed	Transplant	38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	
Highmark Managed	Transplant	44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	
Highmark Managed	Transplant	44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	
Highmark Managed	Transplant	47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	
Highmark Managed	Transplant	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	
Highmark Managed	Transplant	50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY	
Highmark Managed	Transplant	50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	
Highmark Managed	Transplant	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (YESCARTA)	
Highmark Managed	Transplant	Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (KYMRIA)	
Highmark Managed	Transplant	Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANIT-CD 19 CAR POSITIVE VIABLE T-CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECARUS)	

Highmark Managed	Transplant	Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (BREYANZI)
Highmark Managed	Transplant	Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (ABCEMA)
Highmark Managed	Transplant	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (CARVYKTI)
Highmark Managed	Transplant	Q2057	AFAMITRESGENE AUTOLEUCEL, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECELRA)
Highmark Managed	Transplant	Q2058	OBECABTAGENE AUTOLEUCEL, 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (AUCATZYL)
Highmark Managed	Transplant	S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS
Highmark Managed	Transplant	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS
Highmark Managed	Transplant	S2060	LOBAR LUNG TRANSPLANTATION
Highmark Managed	Transplant	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION
Highmark Managed	Tumor Ablation	20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED; CRYOABLATION
Highmark Managed	Tumor Ablation	41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION
Highmark Managed	Tumor Ablation	47370	LAPAROSCOPY, SURGICAL, ABLATION OF 1 OR MORE LIVER TUMOR(S); RADIOFREQUENCY
Highmark Managed	Tumor Ablation	47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY
Highmark Managed	Tumor Ablation	50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, WHEN PERFORMED
Highmark Managed	Tumor Ablation	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY
Highmark Managed	Tumor Ablation	55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORING)
Highmark Managed	Unlisted Procedures	19499	UNLISTED PROCEDURE, BREAST
Highmark Managed	Unlisted Procedures	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
Highmark Managed	Unlisted Procedures	21899	UNLISTED PROCEDURE, NECK OR THORAX
Highmark Managed	Unlisted Procedures	22899	UNLISTED PROCEDURE, SPINE
Highmark Managed	Unlisted Procedures	27599	UNLISTED PROCEDURE, FEMUR OR KNEE
Highmark Managed	Unlisted Procedures	29999	UNLISTED PROCEDURE, ARTHROSCOPY
Highmark Managed	Unlisted Procedures	33999	UNLISTED PROCEDURE, CARDIAC SURGERY
Highmark Managed	Unlisted Procedures	36299	UNLISTED PROCEDURE, VASCULAR INJECTION
Highmark Managed	Unlisted Procedures	37799	UNLISTED PROCEDURE, VASCULAR SURGERY
Highmark Managed	Unlisted Procedures	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM
Highmark Managed	Unlisted Procedures	42299	UNLISTED PROCEDURE, PALATE, UVULA
Highmark Managed	Unlisted Procedures	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH
Highmark Managed	Unlisted Procedures	43999	UNLISTED PROCEDURE, STOMACH
Highmark Managed	Unlisted Procedures	44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)
Highmark Managed	Unlisted Procedures	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER
Highmark Managed	Unlisted Procedures	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
Highmark Managed	Unlisted Procedures	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPY, HERNIOTOMY
Highmark Managed	Unlisted Procedures	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
Highmark Managed	Unlisted Procedures	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER
Highmark Managed	Unlisted Procedures	55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD
Highmark Managed	Unlisted Procedures	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM
Highmark Managed	Unlisted Procedures	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS
Highmark Managed	Unlisted Procedures	58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS
Highmark Managed	Unlisted Procedures	58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY
Highmark Managed	Unlisted Procedures	67999	UNLISTED PROCEDURE, EYELIDS
Highmark Managed	Unlisted Procedures	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM
Highmark Managed	Unlisted Procedures	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE
Highmark Managed	Unlisted Procedures	D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
Highmark Managed	Unlisted Procedures	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED
Highmark Managed	UV Light Therapy	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS
Highmark Managed	UV Light Therapy	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL
Highmark Managed	UV Light Therapy	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; 6 FOOT PANEL
Highmark Managed	UV Light Therapy	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION

Highmark Managed	Varicose Vein Treatment	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHEN	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEI	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN, 1 LEG	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	Gold Card Eligible
Highmark Managed	Varicose Vein Treatment	S2202	ECHOSCLEROTHERAPY	Gold Card Eligible
Highmark Managed	Vascular Surgery	34701	ENDOASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAPHIC EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION; FOR OTHER THAN RUPTURE (E.G., FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)	Gold Card Eligible
Highmark Managed	Vascular Surgery	34703	ENDOASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTOUNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR OTHER THAN RUPTURE (E.G., FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)	Gold Card Eligible
Highmark Managed	Vascular Surgery	34704	ENDOASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTOUNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (E.G., FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, TRAUMATIC DISRUPTION)	Gold Card Eligible

Highmark Managed	Vascular Surgery	34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTOBI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR OTHER THAN RUPTURE (E.G., FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER)	Gold Card Eligible
Highmark Managed	Vascular Surgery	34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTOBI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION, AND ALL ANGIOPLASTY/STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION; FOR RUPTURE INCLUDING TEMPORARY AORTIC AND/OR ILIAC BALLOON OCCLUSION, WHEN PERFORMED (E.G., FOR ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, TRAUMATIC DISRUPTION)	Gold Card Eligible
Highmark Managed	Vascular Surgery	34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL ENDOVASCULAR REPAIR; TUBE PROSTHESIS	Gold Card Eligible
Highmark Managed	Vascular Surgery	34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL ENDOVASCULAR REPAIR; AORTO-BI-ILIAC PROSTHESIS	Gold Card Eligible
Highmark Managed	Vascular Surgery	34841	ENDOVASCULAR REPAIR OF VISCERAL AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING TARGET ZONE ANGIOPLASTY, WHEN PERFORMED; INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC, CELIAC OR RENAL ARTERY)	Gold Card Eligible
Highmark Managed	Vascular Surgery	34844	ENDOVASCULAR REPAIR OF VISCERAL AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING TARGET ZONE ANGIOPLASTY, WHEN PERFORMED; INCLUDING FOUR OR MORE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC, CELIAC AND/OR RENAL ARTERY[IES])	Gold Card Eligible
Highmark Managed	Vascular Surgery	34846	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING TARGET ZONE ANGIOPLASTY, WHEN PERFORMED; INCLUDING TWO VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC, CELIAC AND/OR RENAL ARTERY[IES])	Gold Card Eligible
Highmark Managed	Vascular Surgery	34847	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (E.G., ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING TARGET ZONE ANGIOPLASTY, WHEN PERFORMED; INCLUDING THREE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC, CELIAC AND/OR RENAL ARTERY[IES])	Gold Card Eligible
Highmark Managed	Vascular Surgery	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	Gold Card Eligible
Highmark Managed	Vascular Surgery	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Gold Card Eligible
Highmark Managed	Vascular Surgery	37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITHOUT DISTAL EMBOLIC PROTECTION	Gold Card Eligible
Highmark Managed	Vascular Surgery	37217	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY BY RETROGRADE TREATMENT, OPEN IPSILATERAL CERVICAL CAROTID ARTERY EXPOSURE, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	Gold Card Eligible
Highmark Managed	Vascular Surgery	37218	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY, OPEN OR PERCUTANEOUS ANTEGRADE APPROACH, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	Gold Card Eligible
Highmark Managed	Vascular Surgery	37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Vascular Surgery	37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(IES), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY	Gold Card Eligible
Highmark Managed	Vascular Surgery	37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(IES), UNILATERAL; WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Vascular Surgery	37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(IES), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Vascular Surgery	37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(IES), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Vascular Surgery	37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY	Gold Card Eligible
Highmark Managed	Vascular Surgery	37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Gold Card Eligible
Highmark Managed	Vascular Surgery	37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROAD-MAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	Gold Card Eligible

Highmark Managed	Wheelchairs & Accessories	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	
Highmark Managed	Wheelchairs & Accessories	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	
Highmark Managed	Wheelchairs & Accessories	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	
Highmark Managed	Wheelchairs & Accessories	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	
Highmark Managed	Wheelchairs & Accessories	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	
Highmark Managed	Wheelchairs & Accessories	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	
Highmark Managed	Wheelchairs & Accessories	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	
Highmark Managed	Wheelchairs & Accessories	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	
Highmark Managed	Wheelchairs & Accessories	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	
Highmark Managed	Wheelchairs & Accessories	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEGREST, PAIR	
Highmark Managed	Wheelchairs & Accessories	E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	
Highmark Managed	Wheelchairs & Accessories	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	
Highmark Managed	Wheelchairs & Accessories	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	
Highmark Managed	Wheelchairs & Accessories	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	
Highmark Managed	Wheelchairs & Accessories	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	
Highmark Managed	Wheelchairs & Accessories	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGREST, SWING AWAY DETACHABLE	
Highmark Managed	Wheelchairs & Accessories	E1083	HEMI-WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEG REST	
Highmark Managed	Wheelchairs & Accessories	E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE, ELEVATING LEGRESTS	
Highmark Managed	Wheelchairs & Accessories	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED. (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	
Highmark Managed	Wheelchairs & Accessories	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	
Highmark Managed	Wheelchairs & Accessories	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	
Highmark Managed	Wheelchairs & Accessories	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E1295	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, ELEVATING LEGREST	
Highmark Managed	Wheelchairs & Accessories	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	
Highmark Managed	Wheelchairs & Accessories	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	
Highmark Managed	Wheelchairs & Accessories	E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATION MOVEMENT OF MULTIPLE POSITIONING FEATURES	
Highmark Managed	Wheelchairs & Accessories	E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	
Highmark Managed	Wheelchairs & Accessories	E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	
Highmark Managed	Wheelchairs & Accessories	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	
Highmark Managed	Wheelchairs & Accessories	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	
Highmark Managed	Wheelchairs & Accessories	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	
Highmark Managed	Wheelchairs & Accessories	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	
Highmark Managed	Wheelchairs & Accessories	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	
Highmark Managed	Wheelchairs & Accessories	K0050	RATCHET ASSEMBLY	
eviCore Laboratory Management	Advanced Laboratory Testing	0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, AND HAPTOGLOBIN) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMMATORY ACTIVITY IN LIVER	

eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND ALCOHOLIC STEATOHEPATITIS (ASH)	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND NONALCOHOLIC STEATOHEPATITIS (NASH)	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 96 DNA TARGET SEQUENCES (94 SINGLE NUCLEOTIDE POLYMORPHISM TARGETS AND TWO CONTROL TARGETS), PLASMA	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0114U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), VIM AND CCNA1 METHYLATION ANALYSIS, ESOPHAGEAL CELLS, ALGORITHM REPORTED AS LIKELIHOOD FOR BARRETT'S ESOPHAGUS	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0118U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING WHOLE GENOME NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA IN THE TOTAL CELL-FREE DNA	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0203U	AUTOIMMUNE (INFLAMMATORY BOWEL DISEASE), MRNA, GENE EXPRESSION PROFILING BY QUANTITATIVE RT-PCR, 17 GENES (15 TARGET AND 2 REFERENCE GENES), WHOLE BLOOD, REPORTED AS A CONTINUOUS RISK SCORE AND CLASSIFICATION OF INFLAMMATORY BOWEL DISEASE AGGRESSIVENESS	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0205U	OPHTHALMOLOGY (AGE-RELATED MACULAR DEGENERATION), ANALYSIS OF 3 GENE VARIANTS (2 CFH GENE, 1 ARMS2 GENE), USING PCR AND MALDI-TOF, BUCCAL SWAB, REPORTED AS POSITIVE OR NEGATIVE FOR NEOVASCULAR AGE-RELATED MACULAR-DEGENERATION RISK ASSOCIATED WITH ZINC SUPPLEMENTS	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0289U	NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 24 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0290U	PAIN MANAGEMENT, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 36 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0291U	PSYCHIATRY (MOOD DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 144 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0292U	PSYCHIATRY (STRESS DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 72 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0293U	PSYCHIATRY (SUICIDAL IDEATION), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 54 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0294U	LONGEVITY AND MORTALITY RISK, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 18 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0318U	PEDIATRICS (CONGENITAL EPIGENETIC DISORDERS), WHOLE GENOME METHYLATION ANALYSIS BY MICROARRAY FOR 50 OR MORE GENES, BLOOD	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0454U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING	
eviCore Laboratory Management	Complex Diagnostics (Non-Oncology)	0466U	CARDIOLOGY (CORONARY ARTERY DISEASE [CAD]), DNA, GENOME-WIDE ASSOCIATION STUDIES (564856 SINGLE-NUCLEOTIDE POLYMORPHISMS [SNPS], TARGETED VARIANT GENOTYPING), PATIENT LIFESTYLE AND CLINICAL DATA, BUCCAL SWAB, ALGORITHM REPORTED AS POLYGENIC RISK TO ACQUIRED HEART DISEASE	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELGA, 5385INSNC, 6174DELT VARIANTS	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81215	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
eviCore Laboratory Management	Hereditary Cancer Syndromes	81216	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	

eviCore Laboratory Management	Hereditary Cancer Syndromes	81217	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Hereditary Cancer Syndromes	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Hereditary Cancer Syndromes	81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Hereditary Cancer Syndromes	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Hereditary Cancer Syndromes	81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Hereditary Cancer Syndromes	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT
eviCore Laboratory Management	Hereditary Cancer Syndromes	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Hereditary Cancer Syndromes	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Hereditary Cancer Syndromes	81432	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, AND TP53
eviCore Laboratory Management	Hereditary Cancer Syndromes	81433	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1, BRCA2, MLH1, MSH2, AND STK11
eviCore Laboratory Management	Hereditary Cancer Syndromes	81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11
eviCore Laboratory Management	Hereditary Cancer Syndromes	81436	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK11
eviCore Laboratory Management	Hereditary Cancer Syndromes	81437	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES, INCLUDING MAX, SDHB, SDHC, SDHD, TMEM127, AND VHL
eviCore Laboratory Management	Hereditary Cancer Syndromes	0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (15 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])
eviCore Laboratory Management	Hereditary Cancer Syndromes	0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (17 GENES [SEQUENCING AND DELETION/DUPLICATION])
eviCore Laboratory Management	Hereditary Cancer Syndromes	0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (24 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM [DELETION/DUPLICATION ONLY])
eviCore Laboratory Management	Hereditary Cancer Syndromes	0129U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS AND DELETION/DUPLICATION ANALYSIS PANEL (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, AND TP53)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), TARGETED MRNA SEQUENCE ANALYSIS PANEL (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, AND TP53) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

eviCore Laboratory Management	Hereditary Cancer Syndromes	0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA SEQUENCE ANALYSIS PANEL (11 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (18 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0138U	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP]) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Hereditary Cancer Syndromes	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Hereditary Cancer Syndromes	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Hereditary Cancer Syndromes	0474U	HEREDITARY PAN-CANCER (EG, HEREDITARY SARCOMAS, HEREDITARY ENDOCRINE TUMORS, HEREDITARY NEUROENDOCRINE TUMORS, HEREDITARY CUTANEOUS MELANOMA), GENOMIC SEQUENCE ANALYSIS PANEL OF 88 GENES WITH 20 DUPLICATIONS/DELETIONS USING NEXT-GENERATION SEQUENCING (NGS), SANGER SEQUENCING, BLOOD OR SALIVA, REPORTED AS POSITIVE OR NEGATIVE FOR GERMLINE VARIANTS, EACH GENE
eviCore Laboratory Management	Hereditary Cancer Syndromes	0475U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, GENOMIC SEQUENCE ANALYSIS PANEL USING NEXT-GENERATION SEQUENCING (NGS), SANGER SEQUENCING, MULTIPLEX LIGATION-DEPENDENT PROBE AMPLIFICATION (MLPA), AND ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (CGH), EVALUATION OF 23 GENES AND DUPLICATIONS/DELETIONS WHEN INDICATED, PATHOLOGIC MUTATIONS REPORTED WITH A GENETIC RISK SCORE FOR PROSTATE CANCER
eviCore Laboratory Management	Hereditary Cancer Syndromes	S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2
eviCore Laboratory Management	Hereditary Cancer Syndromes	S3841	GENETIC TESTING FOR RETINOBLASTOMA
eviCore Laboratory Management	Hereditary Cancer Syndromes	S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE
eviCore Laboratory Management	Human Platelet and Red Blood Cell Antigen Genotyping	0246U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF AT LEAST 16 BLOOD GROUPS WITH PHENOTYPE PREDICTION OF AT LEAST 51 RED BLOOD CELL ANTIGENS
eviCore Laboratory Management	Molecular Tumor Markers	0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN- EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE
eviCore Laboratory Management	Molecular Tumor Markers	0297U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION
eviCore Laboratory Management	Molecular Tumor Markers	0298U	ONCOLOGY (PAN TUMOR), WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL RNA SPECIMENS, FRESH OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND EXPRESSION LEVEL AND CHIMERIC TRANSCRIPT IDENTIFICATION
eviCore Laboratory Management	Molecular Tumor Markers	0299U	ONCOLOGY (PAN TUMOR), WHOLE GENOME OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH FROZEN TISSUE, BLOOD, OR BONE MARROW, COMPARATIVE STRUCTURAL VARIANT IDENTIFICATION
eviCore Laboratory Management	Molecular Tumor Markers	0300U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH TISSUE, BLOOD, OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION
eviCore Laboratory Management	Molecular Tumor Markers	0306U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING ANALYSIS, CELL-FREE DNA, INITIAL (BASELINE) ASSESSMENT TO DETERMINE A PATIENT-SPECIFIC PANEL FOR FUTURE COMPARISONS TO EVALUATE FOR MRD
eviCore Laboratory Management	Molecular Tumor Markers	0307U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION TARGETED SEQUENCING ANALYSIS OF A PATIENT-SPECIFIC PANEL, CELL-FREE DNA, SUBSEQUENT ASSESSMENT WITH COMPARISON TO PREVIOUSLY ANALYZED PATIENT SPECIMENS TO EVALUATE FOR MRD
eviCore Laboratory Management	Molecular Tumor Markers	0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN

eviCore Laboratory Management	Molecular Tumor Markers	0334U	ONCOLOGY (SOLID ORGAN), TARGETED GENOMIC SEQUENCE ANALYSIS, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, DNA ANALYSIS, 84 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN
eviCore Laboratory Management	Molecular Tumor Markers	0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT-GENERATION SEQUENCING OF THE PATIENT'S TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE
eviCore Laboratory Management	Molecular Tumor Markers	0460U	ONCOLOGY, WHOLE BLOOD OR BUCCAL, DNA SINGLE-NUCLEOTIDE POLYMORPHISM (SNP) GENOTYPING BY REAL-TIME PCR OF 24 GENES, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES
eviCore Laboratory Management	Molecular Tumor Markers	0461U	ONCOLOGY, PHARMACOGENOMIC ANALYSIS OF SINGLE-NUCLEOTIDE POLYMORPHISM (SNP) GENOTYPING BY REAL-TIME PCR OF 24 GENES, WHOLE BLOOD OR BUCCAL SWAB, WITH VARIANT ANALYSIS, INCLUDING IMPACTED GENE-DRUG INTERACTIONS AND REPORTED PHENOTYPES
eviCore Laboratory Management	Molecular Tumor Markers	0464U	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION, METHYLATED DNA MARKERS, INCLUDING LASS4, LRRC4 AND PPP2R5C, A REFERENCE MARKER ZDHHC1, AND A PROTEIN MARKER (FECAL HEMOGLOBIN), UTILIZING STOOL, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT
eviCore Laboratory Management	Noninvasive Prenatal Testing	81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS
eviCore Laboratory Management	Noninvasive Prenatal Testing	81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD
eviCore Laboratory Management	Nonspecific Lab Testing	81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG, SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS)
eviCore Laboratory Management	Nonspecific Lab Testing	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT)
eviCore Laboratory Management	Nonspecific Lab Testing	81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])
eviCore Laboratory Management	Nonspecific Lab Testing	81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)
eviCore Laboratory Management	Nonspecific Lab Testing	81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 6-10 EXONS, OR CHARACTERIZATION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT BY SOUTHERN BLOT ANALYSIS)
eviCore Laboratory Management	Nonspecific Lab Testing	81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25 EXONS, REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS)
eviCore Laboratory Management	Nonspecific Lab Testing	81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 26-50 EXONS)
eviCore Laboratory Management	Nonspecific Lab Testing	81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF >50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM)
eviCore Laboratory Management	Nonspecific Lab Testing	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)
eviCore Laboratory Management	Nonspecific Lab Testing	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Other Hereditary Disorders	81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Other Hereditary Disorders	81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT (S)
eviCore Laboratory Management	Other Hereditary Disorders	81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)
eviCore Laboratory Management	Other Hereditary Disorders	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
eviCore Laboratory Management	Other Hereditary Disorders	81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)
eviCore Laboratory Management	Other Hereditary Disorders	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS

eviCore Laboratory Management	Other Hereditary Disorders	81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, CONSTANT SPRING)
eviCore Laboratory Management	Other Hereditary Disorders	81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Other Hereditary Disorders	81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT (S)
eviCore Laboratory Management	Other Hereditary Disorders	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)
eviCore Laboratory Management	Other Hereditary Disorders	81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Other Hereditary Disorders	81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
eviCore Laboratory Management	Other Hereditary Disorders	81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE VARIANT(S)
eviCore Laboratory Management	Other Hereditary Disorders	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)
eviCore Laboratory Management	Other Hereditary Disorders	81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)
eviCore Laboratory Management	Other Hereditary Disorders	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)
eviCore Laboratory Management	Other Hereditary Disorders	81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE
eviCore Laboratory Management	Other Hereditary Disorders	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK
eviCore Laboratory Management	Other Hereditary Disorders	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1
eviCore Laboratory Management	Other Hereditary Disorders	81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1
eviCore Laboratory Management	Other Hereditary Disorders	81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A
eviCore Laboratory Management	Other Hereditary Disorders	81414	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES, INCLUDING KCNH2 AND KCNQ1
eviCore Laboratory Management	Other Hereditary Disorders	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Other Hereditary Disorders	81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)
eviCore Laboratory Management	Other Hereditary Disorders	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXB1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2
eviCore Laboratory Management	Other Hereditary Disorders	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Other Hereditary Disorders	81427	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)
eviCore Laboratory Management	Other Hereditary Disorders	81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, AND WFS1
eviCore Laboratory Management	Other Hereditary Disorders	81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELETIONS IN GJB2 AND GJB6 GENES

eviCore Laboratory Management	Other Hereditary Disorders	81434	HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES, INCLUDING ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, AND USH2A
eviCore Laboratory Management	Other Hereditary Disorders	81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARANGLIOMA); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR SDHB, SDHC, SDHD, AND VHL
eviCore Laboratory Management	Other Hereditary Disorders	81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 CARDIOMYOPATHY-RELATED GENES (EG, DSG2, MYBPC3, MYH7, PKP2, TTN)
eviCore Laboratory Management	Other Hereditary Disorders	81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES, INCLUDING BCS1L, C10ORF2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, AND TYMP
eviCore Laboratory Management	Other Hereditary Disorders	81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, AND SOS1
eviCore Laboratory Management	Other Hereditary Disorders	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
eviCore Laboratory Management	Other Hereditary Disorders	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
eviCore Laboratory Management	Other Hereditary Disorders	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS]), MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OPTIC NEUROPATHY [LHON]), GENOMIC SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE MITOCHONDRIAL GENOME WITH HETEROPLASMY DETECTION
eviCore Laboratory Management	Other Hereditary Disorders	81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLAGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED
eviCore Laboratory Management	Other Hereditary Disorders	81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2
eviCore Laboratory Management	Other Hereditary Disorders	81471	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2
eviCore Laboratory Management	Other Hereditary Disorders	0094U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS
eviCore Laboratory Management	Other Hereditary Disorders	0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERATION SEQUENCING, SALIVA, ALGORITHMIC ANALYSIS, AND RESULTS REPORTED AS PREDICTIVE PROBABILITY OF ASD DIAGNOSIS
eviCore Laboratory Management	Other Hereditary Disorders	0209U	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER, STRUCTURAL CHANGES AND AREAS OF HOMOZYGOSITY FOR CHROMOSOMAL ABNORMALITIES
eviCore Laboratory Management	Other Hereditary Disorders	0212U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, PROBAND
eviCore Laboratory Management	Other Hereditary Disorders	0213U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR GENOME (EG, PARENT, SIBLING)
eviCore Laboratory Management	Other Hereditary Disorders	0214U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, PROBAND
eviCore Laboratory Management	Other Hereditary Disorders	0215U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR EXOME (EG, PARENT, SIBLING)
eviCore Laboratory Management	Other Hereditary Disorders	0216U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS OF 12 COMMON GENES INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	0217U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS OF 51 GENES INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS

eviCore Laboratory Management	Other Hereditary Disorders	0218U	NEUROLOGY (MUSCULAR DYSTROPHY), DMD GENE SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS. BLOOD OR SALIVA, IDENTIFICATION AND CHARACTERIZATION OF GENETIC VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	0230U	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION), FULL SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0231U	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0232U	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0233U	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS, DELETIONS, AND MOBILE ELEMENT INSERTIONS
eviCore Laboratory Management	Other Hereditary Disorders	0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS
eviCore Laboratory Management	Other Hereditary Disorders	0260U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING
eviCore Laboratory Management	Other Hereditary Disorders	0264U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING
eviCore Laboratory Management	Other Hereditary Disorders	0265U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, BLOOD, FROZEN AND FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, SALIVA, BUCCAL SWABS OR CELL LINES, IDENTIFICATION OF SINGLE NUCLEOTIDE AND COPY NUMBER VARIANTS
eviCore Laboratory Management	Other Hereditary Disorders	0266U	UNEXPLAINED CONSTITUTIONAL OR OTHER HERITABLE DISORDERS OR SYNDROMES, TISSUE-SPECIFIC GENE EXPRESSION BY WHOLE-TRANSCRIPTOME AND NEXT-GENERATION SEQUENCING, BLOOD, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE OR FRESH FROZEN TISSUE, REPORTED AS PRESENCE OR ABSENCE OF SPLICING OR EXPRESSION CHANGES
eviCore Laboratory Management	Other Hereditary Disorders	0267U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING AND WHOLE GENOME SEQUENCING
eviCore Laboratory Management	Other Hereditary Disorders	0268U	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0269U	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0270U	HEMATOLOGY (CONGENITAL COAGULATION DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 20 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0271U	HEMATOLOGY (CONGENITAL NEUTROPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0272U	HEMATOLOGY (GENETIC BLEEDING DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 51 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID, COMPREHENSIVE
eviCore Laboratory Management	Other Hereditary Disorders	0273U	HEMATOLOGY (GENETIC HYPERFIBRINOLYSIS, DELAYED BLEEDING), GENOMIC SEQUENCE ANALYSIS OF 8 GENES (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0274U	HEMATOLOGY (GENETIC PLATELET DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 43 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0276U	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 42 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0277U	HEMATOLOGY (GENETIC PLATELET FUNCTION DISORDER), GENOMIC SEQUENCE ANALYSIS OF 31 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0278U	HEMATOLOGY (GENETIC THROMBOSIS), GENOMIC SEQUENCE ANALYSIS OF 12 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID
eviCore Laboratory Management	Other Hereditary Disorders	0282U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 12 BLOOD GROUP SYSTEM GENES TO PREDICT 44 RED BLOOD CELL ANTIGEN PHENOTYPES
eviCore Laboratory Management	Other Hereditary Disorders	0335U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL GENOME SEQUENCE ANALYSIS WITH HETEROPLASMY AND LARGE DELETIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, FETAL SAMPLE, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS

eviCore Laboratory Management	Other Hereditary Disorders	0336U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL GENOME SEQUENCE ANALYSIS WITH HETEROPLASMY AND LARGE DELETIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, EACH COMPARATOR GENOME (EG, PARENT)
eviCore Laboratory Management	Other Hereditary Disorders	S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)
eviCore Laboratory Management	Other Hereditary Disorders	S3844	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL, PROFOUND DEAFNESS
eviCore Laboratory Management	Other Hereditary Disorders	S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA
eviCore Laboratory Management	Other Hereditary Disorders	S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA
eviCore Laboratory Management	Other Hereditary Disorders	S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA
eviCore Laboratory Management	Other Hereditary Disorders	S3852	DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE
eviCore Laboratory Management	Other Hereditary Disorders	S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT
eviCore Laboratory Management	Other Hereditary Disorders	S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME
eviCore Laboratory Management	Other Hereditary Disorders	S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY
eviCore Laboratory Management	Other Hereditary Disorders	S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY
eviCore Laboratory Management	Other Hereditary Disorders	S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY
eviCore Laboratory Management	Other Lab Testing	0252U	FETAL ANEUPLOIDY SHORT TANDEM-REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY
eviCore Laboratory Management	Other Lab Testing	0253U	REPRODUCTIVE MEDICINE (ENDOMETRIAL RECEPTIVITY ANALYSIS), RNA GENE EXPRESSION PROFILE, 238 GENES BY NEXT-GENERATION SEQUENCING, ENDOMETRIAL TISSUE, PREDICTIVE ALGORITHM REPORTED AS ENDOMETRIAL WINDOW OF IMPLANTATION (EG, PRE-RECEPTIVE, RECEPTIVE, POST-RECEPTIVE)
eviCore Laboratory Management	Other Lab Testing	0254U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROMOSOMES USING EMBRYONIC DNA GENOMIC SEQUENCE ANALYSIS FOR ANEUPLOIDY, AND A MITOCHONDRIAL DNA SCORE IN EUPLOID EMBRYOS, RESULTS REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY, PER EMBRYO TESTED
eviCore Laboratory Management	Other Molecular Test	0084U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 10 BLOOD GROUPS WITH PHENOTYPE PREDICTION OF 37 RED BLOOD CELL ANTIGENS
eviCore Laboratory Management	Pharmacogenomics	81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2,*3,*4,*8,*17)
eviCore Laboratory Management	Pharmacogenomics	81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2,*3,*4,*5,*6,*9,*10,*11,*12,*13,*14,*15,*16,*17,*18,*19,*20,*21,*22,*23,*24,*25,*26,*27,*28,*29,*30,*31,*32,*33,*34,*35,*36,*37,*38,*39,*40,*41,*42,*43,*44,*45,*46,*47,*48,*49,*50,*51,*52,*53,*54,*55,*56,*57,*58,*59,*60,*61,*62,*63,*64,*65,*66,*67,*68,*69,*70,*71,*72,*73,*74,*75,*76,*77,*78,*79,*80,*81,*82,*83,*84,*85,*86,*87,*88,*89,*90,*91,*92,*93,*94,*95,*96,*97,*98,*99,*100,*101,*102,*103,*104,*105,*106,*107,*108,*109,*110,*111,*112,*113,*114,*115,*116,*117,*118,*119,*120,*121,*122,*123,*124,*125,*126,*127,*128,*129,*130,*131,*132,*133,*134,*135,*136,*137,*138,*139,*140,*141,*142,*143,*144,*145,*146,*147,*148,*149,*150,*151,*152,*153,*154,*155,*156,*157,*158,*159,*160,*161,*162,*163,*164,*165,*166,*167,*168,*169,*170,*171,*172,*173,*174,*175,*176,*177,*178,*179,*180,*181,*182,*183,*184,*185,*186,*187,*188,*189,*190,*191,*192,*193,*194,*195,*196,*197,*198,*199,*200,*201,*202,*203,*204,*205,*206,*207,*208,*209,*210,*211,*212,*213,*214,*215,*216,*217,*218,*219,*220,*221,*222,*223,*224,*225,*226,*227,*228,*229,*230,*231,*232,*233,*234,*235,*236,*237,*238,*239,*240,*241,*242,*243,*244,*245,*246,*247,*248,*249,*250,*251,*252,*253,*254,*255,*256,*257,*258,*259,*260,*261,*262,*263,*264,*265,*266,*267,*268,*269,*270,*271,*272,*273,*274,*275,*276,*277,*278,*279,*280,*281,*282,*283,*284,*285,*286,*287,*288,*289,*290,*291,*292,*293,*294,*295,*296,*297,*298,*299,*300,*301,*302,*303,*304,*305,*306,*307,*308,*309,*310,*311,*312,*313,*314,*315,*316,*317,*318,*319,*320,*321,*322,*323,*324,*325,*326,*327,*328,*329,*330,*331,*332,*333,*334,*335,*336,*337,*338,*339,*340,*341,*342,*343,*344,*345,*346,*347,*348,*349,*350,*351,*352,*353,*354,*355,*356,*357,*358,*359,*360,*361,*362,*363,*364,*365,*366,*367,*368,*369,*370,*371,*372,*373,*374,*375,*376,*377,*378,*379,*380,*381,*382,*383,*384,*385,*386,*387,*388,*389,*390,*391,*392,*393,*394,*395,*396,*397,*398,*399,*400,*401,*402,*403,*404,*405,*406,*407,*408,*409,*410,*411,*412,*413,*414,*415,*416,*417,*418,*419,*420,*421,*422,*423,*424,*425,*426,*427,*428,*429,*430,*431,*432,*433,*434,*435,*436,*437,*438,*439,*440,*441,*442,*443,*444,*445,*446,*447,*448,*449,*450,*451,*452,*453,*454,*455,*456,*457,*458,*459,*460,*461,*462,*463,*464,*465,*466,*467,*468,*469,*470,*471,*472,*473,*474,*475,*476,*477,*478,*479,*480,*481,*482,*483,*484,*485,*486,*487,*488,*489,*490,*491,*492,*493,*494,*495,*496,*497,*498,*499,*500,*501,*502,*503,*504,*505,*506,*507,*508,*509,*510,*511,*512,*513,*514,*515,*516,*517,*518,*519,*520,*521,*522,*523,*524,*525,*526,*527,*528,*529,*530,*531,*532,*533,*534,*535,*536,*537,*538,*539,*540,*541,*542,*543,*544,*545,*546,*547,*548,*549,*550,*551,*552,*553,*554,*555,*556,*557,*558,*559,*560,*561,*562,*563,*564,*565,*566,*567,*568,*569,*570,*571,*572,*573,*574,*575,*576,*577,*578,*579,*580,*581,*582,*583,*584,*585,*586,*587,*588,*589,*590,*591,*592,*593,*594,*595,*596,*597,*598,*599,*600,*601,*602,*603,*604,*605,*606,*607,*608,*609,*610,*611,*612,*613,*614,*615,*616,*617,*618,*619,*620,*621,*622,*623,*624,*625,*626,*627,*628,*629,*630,*631,*632,*633,*634,*635,*636,*637,*638,*639,*640,*641,*642,*643,*644,*645,*646,*647,*648,*649,*650,*651,*652,*653,*654,*655,*656,*657,*658,*659,*660,*661,*662,*663,*664,*665,*666,*667,*668,*669,*670,*671,*672,*673,*674,*675,*676,*677,*678,*679,*680,*681,*682,*683,*684,*685,*686,*687,*688,*689,*690,*691,*692,*693,*694,*695,*696,*697,*698,*699,*700,*701,*702,*703,*704,*705,*706,*707,*708,*709,*710,*711,*712,*713,*714,*715,*716,*717,*718,*719,*720,*721,*722,*723,*724,*725,*726,*727,*728,*729,*730,*731,*732,*733,*734,*735,*736,*737,*738,*739,*740,*741,*742,*743,*744,*745,*746,*747,*748,*749,*750,*751,*752,*753,*754,*755,*756,*757,*758,*759,*760,*761,*762,*763,*764,*765,*766,*767,*768,*769,*770,*771,*772,*773,*774,*775,*776,*777,*778,*779,*780,*781,*782,*783,*784,*785,*786,*787,*788,*789,*790,*791,*792,*793,*794,*795,*796,*797,*798,*799,*800,*801,*802,*803,*804,*805,*806,*807,*808,*809,*810,*811,*812,*813,*814,*815,*816,*817,*818,*819,*820,*821,*822,*823,*824,*825,*826,*827,*828,*829,*830,*831,*832,*833,*834,*835,*836,*837,*838,*839,*840,*841,*842,*843,*844,*845,*846,*847,*848,*849,*850,*851,*852,*853,*854,*855,*856,*857,*858,*859,*860,*861,*862,*863,*864,*865,*866,*867,*868,*869,*870,*871,*872,*873,*874,*875,*876,*877,*878,*879,*880,*881,*882,*883,*884,*885,*886,*887,*888,*889,*890,*891,*892,*893,*894,*895,*896,*897,*898,*899,*900,*901,*902,*903,*904,*905,*906,*907,*908,*909,*910,*911,*912,*913,*914,*915,*916,*917,*918,*919,*920,*921,*922,*923,*924,*925,*926,*927,*928,*929,*930,*931,*932,*933,*934,*935,*936,*937,*938,*939,*940,*941,*942,*943,*944,*945,*946,*947,*948,*949,*950,*951,*952,*953,*954,*955,*956,*957,*958,*959,*960,*961,*962,*963,*964,*965,*966,*967,*968,*969,*970,*971,*972,*973,*974,*975,*976,*977,*978,*979,*980,*981,*982,*983,*984,*985,*986,*987,*988,*989,*990,*991,*992,*993,*994,*995,*996,*997,*998,*999,*1000)
eviCore Laboratory Management	Pharmacogenomics	81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2,*3,*5,*6)
eviCore Laboratory Management	Pharmacogenomics	81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2,*22)
eviCore Laboratory Management	Pharmacogenomics	81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2,*3,*4,*5,*6,*7)
eviCore Laboratory Management	Pharmacogenomics	81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT
eviCore Laboratory Management	Pharmacogenomics	81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2,*3,*4,*5,*6)
eviCore Laboratory Management	Pharmacogenomics	81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2,*3)
eviCore Laboratory Management	Pharmacogenomics	81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)
eviCore Laboratory Management	Pharmacogenomics	81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, DRUG METABOLISM, HEREDITARY UNCONJUGATED HYPERBILIRUBINEMIA [GILBERT SYNDROME]) GENE ANALYSIS, COMMON VARIANTS (EG, *28,*36,*37)
eviCore Laboratory Management	Pharmacogenomics	81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000C>T)
eviCore Laboratory Management	Pharmacogenomics	0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 AND RS12777823)
eviCore Laboratory Management	Pharmacogenomics	0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)
eviCore Laboratory Management	Pharmacogenomics	0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2,*3,*4,*4N,*5,*6,*7,*8,*9,*10,*11,*12,*13,*14A,*14B,*15,*17,*29,*35,*36,*41,*57,*61,*63,*68,*83,*XN)
eviCore Laboratory Management	Pharmacogenomics	0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Pharmacogenomics	0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Pharmacogenomics	0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Pharmacogenomics	0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Pharmacogenomics	0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

eviCore Laboratory Management	Pharmacogenomics	0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE RISK OF OPIOID-USE DISORDER	
eviCore Laboratory Management	Pharmacogenomics	0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	
eviCore Laboratory Management	Pharmacogenomics	0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	
eviCore Laboratory Management	Pharmacogenomics	0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	
eviCore Laboratory Management	Pharmacogenomics	0286U	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	
eviCore Laboratory Management	Pharmacogenomics	0345U	PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6	
eviCore Laboratory Management	Pharmacogenomics	0347U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 16 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	
eviCore Laboratory Management	Pharmacogenomics	0348U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 25 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	
eviCore Laboratory Management	Pharmacogenomics	0349U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 27 GENE REPORT, WITH VARIANT ANALYSIS INCLUDING REPORTED PHENOTYPES AND IMPACTED GENE-DRUG INTERACTIONS	
eviCore Laboratory Management	Pharmacogenomics	0350U	DRUG METABOLISM OR PROCESSING (MULTIPLE CONDITIONS), WHOLE BLOOD OR BUCCAL SPECIMEN, DNA ANALYSIS, 27 GENE REPORT, WITH VARIANT ANALYSIS AND REPORTED PHENOTYPES	
eviCore Laboratory Management	Pharmacogenomics	0456U	AUTOIMMUNE (RHEUMATOID ARTHRITIS), NEXT-GENERATION SEQUENCING (NGS), GENE EXPRESSION TESTING OF 19 GENES, WHOLE BLOOD, WITH ANALYSIS OF ANTI-CYCLIC CITRULLINATED PEPTIDES (CCP) LEVELS, COMBINED WITH SEX, PATIENT GLOBAL ASSESSMENT, AND BODY MASS INDEX (BMI), ALGORITHM REPORTED AS A SCORE THAT PREDICTS NONRESPONSE TO TUMOR NECROSIS FACTOR INHIBITOR (TNF) THERAPY	
eviCore Laboratory Management	Pharmacogenomics	G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	
eviCore Laboratory Management	Prenatal Chromosome Abnormality Screening	0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOID	
eviCore Laboratory Management	Prenatal Chromosome Abnormality Screening	0469U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS FOR CHROMOSOMAL ABNORMALITIES, COP NUMBER VARIANTS, DUPLICATIONS/DELETIONS, INVERSIONS, UNBALANCED TRANSLOCATIONS, REGIONS OF HOMOZYGOSITY (ROH), INHERITANCE PATTERN THAT INDICATE UNIPARENTAL DISOMY (UPD), AND ANEUPLOIDY, FETAL SAMPLE (AMNIOTIC FLUID, CHORIONIC VILLUS SAMPLE, OR PRODUCTS OF CONCEPTION), IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS, DIAGNOSTIC REPORT OF FETAL RESULTS BASED ON PHENOTYPE WITH MATERNAL SAMPLE AND PATERNAL SAMPLE, IF PERFORMED, AS COMPARATORS AND/OR MATERNAL CELL CONTAMINATION	
eviCore Laboratory Management	Specialty Cancer Testing	81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG, PROSTATE CANCER)	
eviCore Laboratory Management	Specialty Cancer Testing	81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	
eviCore Laboratory Management	Specialty Cancer Testing	81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE- ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE	
eviCore Laboratory Management	Specialty Cancer Testing	81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	
eviCore Laboratory Management	Specialty Cancer Testing	81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	
eviCore Laboratory Management	Specialty Cancer Testing	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	
eviCore Laboratory Management	Specialty Cancer Testing	81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	
eviCore Laboratory Management	Specialty Cancer Testing	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	
eviCore Laboratory Management	Specialty Cancer Testing	81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN- FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	
eviCore Laboratory Management	Specialty Cancer Testing	81523	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS	
eviCore Laboratory Management	Specialty Cancer Testing	81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	
eviCore Laboratory Management	Specialty Cancer Testing	81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	
eviCore Laboratory Management	Specialty Cancer Testing	81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	

eviCore Laboratory Management	Specialty Cancer Testing	81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Laboratory Management	Specialty Cancer Testing	81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL
eviCore Laboratory Management	Specialty Cancer Testing	81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE
eviCore Laboratory Management	Specialty Cancer Testing	81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE
eviCore Laboratory Management	Specialty Cancer Testing	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE
eviCore Laboratory Management	Specialty Cancer Testing	81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)
eviCore Laboratory Management	Specialty Cancer Testing	81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY
eviCore Laboratory Management	Specialty Cancer Testing	0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA- FETOPROTEIN LEVEL, ALGORITHM REPORTED AS A RISK CLASSIFIER
eviCore Laboratory Management	Specialty Cancer Testing	0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A NOMOGRAM OF TUMOR DISEASE INDEX
eviCore Laboratory Management	Specialty Cancer Testing	0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK
eviCore Laboratory Management	Specialty Cancer Testing	0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA
eviCore Laboratory Management	Specialty Cancer Testing	0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA
eviCore Laboratory Management	Specialty Cancer Testing	0016M	ONCOLOGY (BLADDER), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 219 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS MOLECULAR SUBTYPE (LUMINAL, LUMINAL INFILTRATED, BASAL, BASAL CLAUDIN-LOW, NEUROENDOCRINE-LIKE)
eviCore Laboratory Management	Specialty Cancer Testing	0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY
eviCore Laboratory Management	Specialty Cancer Testing	0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 [MMP-1], CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 [CEACAM6], HYALURONOGLUCOSAMINIDASE [HYAL1], HIGHLY EXPRESSED IN CANCER PROTEIN [HEC1]), FORMALIN-FIXED PARAFFIN-EMBEDDED PRECANCEROUS BREAST TISSUE, ALGORITHM REPORTED AS CARCINOMA RISK SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMALIN FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND TMPRSS2-ERG IN URINE AND PSA IN SERUM FOLLOWING PROSTATIC MASSAGE, BY RNA AMPLIFICATION AND FLUORESCENCE-BASED DETECTION, ALGORITHM REPORTED AS RISK SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING OF 101 GENES, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TISSUE, ALGORITHM REPORTED AS A TRIPLE NEGATIVE BREAST CANCER CLINICAL SUBTYPE(S) WITH INFORMATION ON IMMUNE CELL INVOLVEMENT
eviCore Laboratory Management	Specialty Cancer Testing	0204U	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED
eviCore Laboratory Management	Specialty Cancer Testing	0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER
eviCore Laboratory Management	Specialty Cancer Testing	0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) AND IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS
eviCore Laboratory Management	Specialty Cancer Testing	0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, AND GENE REARRANGEMENTS
eviCore Laboratory Management	Specialty Cancer Testing	0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE
eviCore Laboratory Management	Specialty Cancer Testing	0262U	ONCOLOGY (SOLID TUMOR), GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 7 GENE PATHWAYS (ER, AR, PI3K, MAPK, HH, TGFB, NOTCH), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE), ALGORITHM REPORTED AS GENE PATHWAY ACTIVITY SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0285U	ONCOLOGY, RESPONSE TO RADIATION, CELL-FREE DNA, QUANTITATIVE BRANCHED CHAIN DNA AMPLIFICATION, PLASMA, REPORTED AS A RADIATION TOXICITY SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0287U	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHMIC PREDICTION OF CANCER RECURRENCE, REPORTED AS A CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)

eviCore Laboratory Management	Specialty Cancer Testing	0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) AND 3 REFERENCE GENES (ESD, TBP, YAP1), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, ALGORITHMIC INTERPRETATION REPORTED AS A RECURRENCE RISK SCORE
eviCore Laboratory Management	Specialty Cancer Testing	0296U	ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION PROFILING BY RNA SEQUENCING AT LEAST 20 MOLECULAR FEATURES (EG, HUMAN AND/OR MICROBIAL MRNA), SALIVA, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR SIGNATURE ASSOCIATED WITH MALIGNANCY
eviCore Laboratory Management	Specialty Cancer Testing	0313U	ONCOLOGY (PANCREAS), DNA AND MRNA NEXT-GENERATION SEQUENCING ANALYSIS OF 74 GENES AND ANALYSIS OF CEA (CEACAM5) GENE EXPRESSION, PANCREATIC CYST FLUID, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, NEGATIVE, LOW PROBABILITY OF NEOPLASIA OR POSITIVE, HIGH PROBABILITY OF NEOPLASIA)
eviCore Laboratory Management	Specialty Cancer Testing	0314U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 35 GENES (32 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INTERMEDIATE, MALIGNANT)
eviCore Laboratory Management	Specialty Cancer Testing	0315U	ONCOLOGY (CUTANEOUS SQUAMOUS CELL CARCINOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 40 GENES (34 CONTENT AND 6 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RISK RESULT (IE, CLASS 1, CLASS 2A, CLASS 2B)
eviCore Laboratory Management	Specialty Cancer Testing	0317U	ONCOLOGY (LUNG CANCER), FOUR-PROBE FISH (3Q29, 3P22.1, 10Q22.3, 10CEN) ASSAY, WHOLE BLOOD, PREDICTIVE ALGORITHM GENERATED EVALUATION REPORTED AS DECREASED OR INCREASED RISK FOR LUNG CANCER
eviCore Laboratory Management	Specialty Cancer Testing	0332U	ONCOLOGY (PAN-TUMOR), GENETIC PROFILING OF 8 DNA-REGULATORY (EPIGENETIC) MARKERS BY QUANTITATIVE POLYMERASE CHAIN REACTION (QPCR), WHOLE BLOOD, REPORTED AS A HIGH OR LOW PROBABILITY OF RESPONDING TO IMMUNE CHECKPOINT-INHIBITOR THERAPY
eviCore Laboratory Management	Specialty Cancer Testing	0333U	ONCOLOGY (LIVER), SURVEILLANCE FOR HEPATOCELLULAR CARCINOMA (HCC) IN HIGH RISK PATIENTS, ANALYSIS OF METHYLATION PATTERNS ON CIRCULATING CELL-FREE DNA (CFDNA) PLUS MEASUREMENT OF SERUM OF AFP/AFP-L3 AND ONCOPROTEIN DES-GAMMA-CARBOXY PROTHROMBIN (DCP), ALGORITHM REPORTED AS NORMAL OR ABNORMAL RESULT
eviCore Laboratory Management	Specialty Cancer Testing	0339U	ONCOLOGY (PROSTATE), MRNA EXPRESSION PROFILING OF HOXC6 AND DLX1, REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-PCR), FIRST-VOID URINE FOLLOWING DIGITAL RECTAL EXAMINATION, ALGORITHM REPORTED AS PROBABILITY OF HIGH-GRADE CANCER
eviCore Laboratory Management	Specialty Cancer Testing	0343U	ONCOLOGY (PROSTATE), EXOSOME-BASED ANALYSIS OF 442 SMALL NONCODING RNAS (SNCRNAS) BY QUANTITATIVE REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR), URINE, REPORTED AS MOLECULAR EVIDENCE OF NO-, LOW-, INTERMEDIATE- OR HIGH-RISK OF PROSTATE CANCER
eviCore Laboratory Management	Specialty Cancer Testing	G0327	COLORECTAL CANCER SCREENING; BLOOD-BASED BIOMARKER
eviCore Laboratory Management	Transplant	0319U	NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING, USING PRETRANSPLANT PERIPHERAL
eviCore Laboratory Management	Transplant	0320U	NEPHROLOGY (RENAL TRANSPLANT), RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING, USING POSTTRANSPLANT PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE FOR ACUTE CELLULAR REJECTION
eviCore Laboratory Management	Tumor Testing	81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF- HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES
eviCore Laboratory Management	Tumor Testing	81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
eviCore Laboratory Management	Tumor Testing	81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED
eviCore Laboratory Management	Tumor Testing	81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
eviCore Laboratory Management	Tumor Testing	81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS
eviCore Laboratory Management	Tumor Testing	0017M	ONCOLOGY (DIFFUSE LARGE B-CELL LYMPHOMA [DLBCL]), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 20 GENES, FORMALIN-FIXED PARAFFINEMBEDDED TISSUE, ALGORITHM REPORTED AS CELL OF ORIGIN
eviCore Laboratory Management	Tumor Testing	0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS
eviCore Laboratory Management	Tumor Testing	0020M	ONCOLOGY (CENTRAL NERVOUS SYSTEM), ANALYSIS OF 30000 DNA METHYLATION LOCI BY METHYLATION ARRAY, UTILIZING DNA EXTRACTED FROM TUMOR TISSUE, DIAGNOSTIC ALGORITHM REPORTED AS PROBABILITY OF MATCHING A REFERENCE TUMOR SUBCLASS
eviCore Laboratory Management	Tumor Testing	0036U	EXOME (IE, SOMATIC MUTATIONS), PAIRED FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE AND NORMAL SPECIMEN, SEQUENCE ANALYSES
eviCore Laboratory Management	Tumor Testing	0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN
eviCore Laboratory Management	Tumor Testing	0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING OF PROTEIN-CODING EXONS OF 468 CANCER-ASSOCIATED GENES, INCLUDING INTERROGATION FOR SOMATIC MUTATIONS AND MICROSATELLITE INSTABILITY, MATCHED WITH NORMAL SPECIMENS, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TUMOR TISSUE, REPORT OF CLINICALLY SIGNIFICANT MUTATION(S)

eviCore Laboratory Management	Tumor Testing	0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS LEUKEMIA, DNA ANALYSIS, 194 GENES, INTERROGATION FOR SEQUENCE VARIANTS, COPY NUMBER VARIANTS OR REARRANGEMENTS	
eviCore Laboratory Management	Tumor Testing	0053U	ONCOLOGY (PROSTATE CANCER), FISH ANALYSIS OF 4 GENES (ASAP1, HDAC9, CHD1 AND PTEN), NEEDLE BIOPSY SPECIMEN, ALGORITHM REPORTED AS PROBABILITY OF HIGHER TUMOR GRADE	
eviCore Laboratory Management	Tumor Testing	0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 61) AND NRAS (CODONS 12, 13, AND 61) GENE ANALYSIS UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE	
eviCore Laboratory Management	Tumor Testing	0120U	ONCOLOGY (B-CELL LYMPHOMA CLASSIFICATION), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 58 GENES (45 CONTENT AND 13 HOUSEKEEPING GENES), FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS LIKELIHOOD FOR PRIMARY MEDIASTINAL B-CELL LYMPHOMA (PMBCL) AND DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) WITH CELL OF ORIGIN SUBTYPING IN THE LATTER	
eviCore Laboratory Management	Tumor Testing	0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOID LEUKEMIA, MYELODYSPLASTIC SYNDROME, AND MYELOPROLIFERATIVE NEOPLASMS, DNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS, REARRANGEMENTS AND MINIMAL RESIDUAL DISEASE, REPORTED AS PRESENCE/ABSENCE	
eviCore Laboratory Management	Tumor Testing	0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS), WITH REPORT OF SIGNIFICANT MUTATION(S)	
eviCore Laboratory Management	Tumor Testing	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH THERAPY ASSOCIATION	
eviCore Laboratory Management	Tumor Testing	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	
eviCore Laboratory Management	Tumor Testing	0244U	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR-MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE	
eviCore Laboratory Management	Tumor Testing	0250U	ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 GENES, INTERROGATION FOR SOMATIC ALTERATIONS (SNVS [SINGLE NUCLEOTIDE VARIANT], SMALL INSERTIONS AND DELETIONS, ONE AMPLIFICATION, AND FOUR TRANSLOCATIONS), MICROSATELLITE INSTABILITY AND TUMOR-MUTATION BURDEN	
eviCore Laboratory Management	Tumor Testing	0452U	ONCOLOGY (BLADDER), METHYLATED PENK DNA DETECTION BY LINEAR TARGET ENRICHMENT-QUANTITATIVE METHYLATION-SPECIFIC REAL-TIME PCR (LTE-QMSP), URINE, REPORTED AS LIKELIHOOD OF BLADDER CANCER	
eviCore Laboratory Management	Tumor Testing	0453U	ONCOLOGY (COLORECTAL CANCER), CELL-FREE DNA (CFDNA), METHYLATION-BASED QUANTITATIVE PCR ASSAY (SEPTIN9, IKZF1, BCAT1, SEPTIN9-2, VAV3, BCAN), PLASMA, REPORTED AS PRESENCE OR ABSENCE OF CIRCULATING TUMOR DNA (CTDNA)	
eviCore Laboratory Management	Tumor Testing	0465U	ONCOLOGY (UROTHELIAL CARCINOMA), DNA, QUANTITATIVE METHYLATION-SPECIFIC PCR OF 2 GENES (ONECUT2, VIM), ALGORITHMIC ANALYSIS REPORTED AS POSITIVE OR NEGATIVE	
eviCore Laboratory Management	Tumor Testing	0467U	ONCOLOGY (BLADDER), DNA, NEXT-GENERATION SEQUENCING (NGS) OF 60 GENES AND WHOLE GENOME ANEUPLOIDY, URINE, ALGORITHMS REPORTED AS MINIMAL RESIDUAL DISEASE (MRD) STATUS POSITIVE OR NEGATIVE AND QUANTITATIVE DISEASE BURDEN	
eviCore Laboratory Management	Tumor Testing	0470U	ONCOLOGY (OROPHARYNGEAL), DETECTION OF MINIMAL RESIDUAL DISEASE BY NEXT-GENERATION SEQUENCING (NGS) BASED QUANTITATIVE EVALUATION OF 8 DNA TARGETS, CELL-FREE HPV 16 AND 18 DNA FROM PLASMA	
eviCore Laboratory Management	Tumor Testing	0473U	ONCOLOGY (SOLID TUMOR), NEXT-GENERATION SEQUENCING (NGS) OF DNA FROM FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE WITH COMPARATIVE SEQUENCE ANALYSIS FROM A MATCHED NORMAL SPECIMEN (BLOOD OR SALIVA), 648 GENES, INTERROGATION FOR SEQUENCE VARIANTS, INSERTION AND DELETION ALTERATIONS, COPY NUMBER VARIANTS, REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR-MUTATION BURDEN	
eviCore Laboratory Management	Unlisted Procedures	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
eviCore MSK	Bone Growth	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	
eviCore MSK	Bone Growth	E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	
eviCore MSK	Joint	23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	Gold Card Eligible
eviCore MSK	Joint	23020	CAPSULAR CONTRACTURE RELEASE (E.G., SEVER TYPE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	23120	CLAVICULECTOMY; PARTIAL	Gold Card Eligible
eviCore MSK	Joint	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	Gold Card Eligible
eviCore MSK	Joint	23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF) OPEN; ACUTE	Gold Card Eligible
eviCore MSK	Joint	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (E.G., ROTATOR CUFF) OPEN; CHRONIC	Gold Card Eligible
eviCore MSK	Joint	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	Gold Card Eligible
eviCore MSK	Joint	23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	Gold Card Eligible
eviCore MSK	Joint	23430	TENODESIS OF LONG TENDON OF BICEPS	Gold Card Eligible
eviCore MSK	Joint	23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	Gold Card Eligible
eviCore MSK	Joint	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	Gold Card Eligible
eviCore MSK	Joint	23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (E.G., BANKART PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Gold Card Eligible
eviCore MSK	Joint	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	Gold Card Eligible
eviCore MSK	Joint	23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	Gold Card Eligible
eviCore MSK	Joint	23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	Gold Card Eligible
eviCore MSK	Joint	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	Gold Card Eligible
eviCore MSK	Joint	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G., TOTAL SHOULDER))	Gold Card Eligible
eviCore MSK	Joint	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Gold Card Eligible
eviCore MSK	Joint	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Gold Card Eligible

eviCore MSK	Joint	27125	HEMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Gold Card Eligible
eviCore MSK	Joint	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Gold Card Eligible
eviCore MSK	Joint	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Gold Card Eligible
eviCore MSK	Joint	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Gold Card Eligible
eviCore MSK	Joint	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Gold Card Eligible
eviCore MSK	Joint	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Gold Card Eligible
eviCore MSK	Joint	27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	Gold Card Eligible
eviCore MSK	Joint	27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL	Gold Card Eligible
eviCore MSK	Joint	27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	Gold Card Eligible
eviCore MSK	Joint	27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	Gold Card Eligible
eviCore MSK	Joint	27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	Gold Card Eligible
eviCore MSK	Joint	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Gold Card Eligible
eviCore MSK	Joint	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Gold Card Eligible
eviCore MSK	Joint	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))	Gold Card Eligible
eviCore MSK	Joint	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (E.G., MAQUET TYPE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	27420	RECONSTRUCTION OF DISLOCATING PATELLA; (E.G., HAUSER TYPE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (E.G., CAMPBELL, GOLDWAITE TYPE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	Gold Card Eligible
eviCore MSK	Joint	27425	LATERAL RETINACULAR RELEASE, OPEN	Gold Card Eligible
eviCore MSK	Joint	27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Gold Card Eligible
eviCore MSK	Joint	27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Gold Card Eligible
eviCore MSK	Joint	27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	Gold Card Eligible
eviCore MSK	Joint	27430	QUADRICEPSPLASTY (E.G., BENNETT OR THOMPSON TYPE)	Gold Card Eligible
eviCore MSK	Joint	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Gold Card Eligible
eviCore MSK	Joint	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	Gold Card Eligible
eviCore MSK	Joint	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Gold Card Eligible
eviCore MSK	Joint	27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	Gold Card Eligible
eviCore MSK	Joint	27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Gold Card Eligible
eviCore MSK	Joint	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Gold Card Eligible
eviCore MSK	Joint	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Gold Card Eligible
eviCore MSK	Joint	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	Gold Card Eligible
eviCore MSK	Joint	27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Gold Card Eligible
eviCore MSK	Joint	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Gold Card Eligible
eviCore MSK	Joint	29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	Gold Card Eligible
eviCore MSK	Joint	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Gold Card Eligible
eviCore MSK	Joint	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Gold Card Eligible
eviCore MSK	Joint	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Gold Card Eligible
eviCore MSK	Joint	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	Gold Card Eligible
eviCore MSK	Joint	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	Gold Card Eligible
eviCore MSK	Joint	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	Gold Card Eligible
eviCore MSK	Joint	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (I.E., ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	Gold Card Eligible
eviCore MSK	Joint	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Gold Card Eligible
eviCore MSK	Joint	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Gold Card Eligible
eviCore MSK	Joint	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM	Gold Card Eligible
eviCore MSK	Joint	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Gold Card Eligible
eviCore MSK	Joint	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT(S))	Gold Card Eligible
eviCore MSK	Joint	29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (E.G., MOSAICPLASTY)	Gold Card Eligible
eviCore MSK	Joint	29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	Gold Card Eligible
eviCore MSK	Joint	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Gold Card Eligible
eviCore MSK	Joint	29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Gold Card Eligible
eviCore MSK	Joint	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (E.G., OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	Gold Card Eligible
eviCore MSK	Joint	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (E.G., PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (E.G., MEDIAL OR LATERAL)	Gold Card Eligible
eviCore MSK	Joint	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	Gold Card Eligible
eviCore MSK	Joint	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	Gold Card Eligible

eviCore MSK	Joint	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	Gold Card Eligible
eviCore MSK	Joint	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	Gold Card Eligible
eviCore MSK	Joint	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Gold Card Eligible
eviCore MSK	Joint	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Gold Card Eligible
eviCore MSK	Joint	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	Gold Card Eligible
eviCore MSK	Joint	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	Gold Card Eligible
eviCore MSK	Joint	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	Gold Card Eligible
eviCore MSK	Joint	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION	Gold Card Eligible
eviCore MSK	Joint	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Gold Card Eligible
eviCore MSK	Joint	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Gold Card Eligible
eviCore MSK	Joint	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (I.E., TREATMENT OF CAM LESION)	Gold Card Eligible
eviCore MSK	Joint	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (I.E., TREATMENT OF PINCER LESION)	Gold Card Eligible
eviCore MSK	Joint	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Gold Card Eligible
eviCore MSK	Neurostimulators	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	Gold Card Eligible
eviCore MSK	Neurostimulators	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Gold Card Eligible
eviCore MSK	Neurostimulators	63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Gold Card Eligible
eviCore MSK	Pain - Injection	22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL	Gold Card Eligible
eviCore MSK	Pain - Injection	22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; 1 OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Gold Card Eligible
eviCore MSK	Pain - Injection	62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 2 OR MORE DAYS	Gold Card Eligible
eviCore MSK	Pain - Injection	62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	Gold Card Eligible
eviCore MSK	Pain - Injection	62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (E.G., ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID	Gold Card Eligible
eviCore MSK	Pain - Injection	62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (E.G., ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC	Gold Card Eligible
eviCore MSK	Pain - Injection	62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (E.G., ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)	Gold Card Eligible
eviCore MSK	Pain - Injection	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE OR MULTIPLE LEVELS, LUMBAR	Gold Card Eligible
eviCore MSK	Pain - Injection	62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	Gold Card Eligible
eviCore MSK	Pain - Injection	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (I.E., FLUOROSCOPY OR CT)	Gold Card Eligible
eviCore MSK	Pain - Injection	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	Gold Card Eligible
eviCore MSK	Pain - Injection	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (I.E., FLUOROSCOPY OR CT)	Gold Card Eligible
eviCore MSK	Pain - Injection	62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	Gold Card Eligible
eviCore MSK	Pain - Injection	62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (I.E., FLUOROSCOPY OR CT)	Gold Card Eligible
eviCore MSK	Pain - Injection	62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	Gold Card Eligible

eviCore MSK	Pain - Injection	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G., ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (I.E., FLUOROSCOPY OR CT)	Gold Card Eligible
eviCore MSK	Pain - Injection	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Gold Card Eligible
eviCore MSK	Pain - Injection	64479	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC, SINGLE LEVEL	Gold Card Eligible
eviCore MSK	Pain - Injection	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)	Gold Card Eligible
eviCore MSK	Pain - Injection	64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL	Gold Card Eligible
eviCore MSK	Pain - Injection	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)	Gold Card Eligible
eviCore MSK	Pain - Injection	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	Gold Card Eligible
eviCore MSK	Pain - Injection	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	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	Gold Card Eligible
eviCore MSK	Pain - Injection	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)	Gold Card Eligible
eviCore MSK	Pain - Injection	64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Gold Card Eligible
eviCore MSK	Pain - Injection	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Gold Card Eligible
eviCore MSK	Pain - Injection	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Gold Card Eligible
eviCore MSK	Pain - Injection	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Gold Card Eligible
eviCore MSK	Pain - Injection	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Gold Card Eligible
eviCore MSK	Pain - Injection	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL	Gold Card Eligible
eviCore MSK	Pain - Injection	0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL	Gold Card Eligible
eviCore MSK	Pain - Injection	0630T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gold Card Eligible
eviCore MSK	Pain - Injection	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	Gold Card Eligible
eviCore MSK	Pain - Spinal Implant	62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITHOUT LAMINECTOMY	Gold Card Eligible
eviCore MSK	Pain - Spinal Implant	62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITH LAMINECTOMY	Gold Card Eligible
eviCore MSK	Pain - Spinal Implant	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	Gold Card Eligible
eviCore MSK	Pain - Spinal Implant	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NONPROGRAMMABLE PUMP	Gold Card Eligible
eviCore MSK	Pain - Spinal Implant	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	Gold Card Eligible
eviCore MSK	Spine Surgery	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
eviCore MSK	Spine Surgery	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

eviCore MSK	Spine Surgery	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)
eviCore MSK	Spine Surgery	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)
eviCore MSK	Spine Surgery	22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; LUMBAR
eviCore MSK	Spine Surgery	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC
eviCore MSK	Spine Surgery	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL
eviCore MSK	Spine Surgery	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (E.G., KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; THORACIC
eviCore MSK	Spine Surgery	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (E.G., KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBAR
eviCore MSK	Spine Surgery	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED)
eviCore MSK	Spine Surgery	22532	LATERAL EXTRACAVITARY APPROACH TECHNIQUE ARTHRODESIS PROCEDURES ON THE SPINE (VERTEBRAL COLUMN).
eviCore MSK	Spine Surgery	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2
eviCore MSK	Spine Surgery	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)
eviCore MSK	Spine Surgery	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2
eviCore MSK	Spine Surgery	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT
eviCore MSK	Spine Surgery	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)
eviCore MSK	Spine Surgery	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	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
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	22830	EXPLORATION OF SPINAL FUSION
eviCore MSK	Spine Surgery	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

eviCore MSK	Spine Surgery	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION
eviCore MSK	Spine Surgery	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (E.G., SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (E.G., SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22855	REMOVAL OF ANTERIOR INSTRUMENTATION
eviCore MSK	Spine Surgery	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL
eviCore MSK	Spine Surgery	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR
eviCore MSK	Spine Surgery	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G., SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL
eviCore MSK	Spine Surgery	22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR
eviCore MSK	Spine Surgery	22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S), WHEN PERFORMED, SINGLE OR MULTIPLE LEVELS, LUMBAR
eviCore MSK	Spine Surgery	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR
eviCore MSK	Spine Surgery	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (E.G., SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; CERVICAL
eviCore MSK	Spine Surgery	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL
eviCore MSK	Spine Surgery	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (E.G., SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR
eviCore MSK	Spine Surgery	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL
eviCore MSK	Spine Surgery	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; CERVICAL
eviCore MSK	Spine Surgery	63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR

eviCore MSK	Spine Surgery	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL CERVICAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [E.G., SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL
eviCore MSK	Spine Surgery	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [E.G., SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR
eviCore MSK	Spine Surgery	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [E.G., SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS;
eviCore MSK	Spine Surgery	63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES [E.G., WIRE, SUTURE, MINI- PLATES], WHEN PERFORMED)
eviCore MSK	Spine Surgery	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (E.G., HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH) (E.G., FAR LATERAL HERNIATED INTERVERTEBRAL DISC)
eviCore MSK	Spine Surgery	63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (E.G., HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore MSK	Spine Surgery	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)
eviCore MSK	Spine Surgery	0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G., FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC
eviCore MSK	Spine Surgery	C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND EXCISION OF HERNIATED INTERVERTEBRAL DISC, AND REPAIR OF ANNULAR DEFECT WITH IMPLANTATION OF BONE ANCHORED ANNULAR CLOSURE DEVICE, INCLUDING ANNULAR DEFECT MEASUREMENT, ALIGNMENT AND SIZING ASSESSMENT, AND IMAGE GUIDANCE; 1 INTERSPACE, LUMBAR
eviCore Radiation Oncology	Brachytherapy	77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE
eviCore Radiation Oncology	Brachytherapy	77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE
eviCore Radiation Oncology	Brachytherapy	77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX
eviCore Radiation Oncology	Brachytherapy	77767	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL
eviCore Radiation Oncology	Brachytherapy	77768	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS, OR MULTIPLE LESIONS
eviCore Radiation Oncology	Brachytherapy	77770	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 1 CHANNEL
eviCore Radiation Oncology	Brachytherapy	77771	HDR RADIONUCLIDE RATE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 2 TO 12 CHANNELS
eviCore Radiation Oncology	Brachytherapy	77772	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; OVER 12 CHANNELS
eviCore Radiation Oncology	Brachytherapy	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE WHEN PERFORMED
eviCore Radiation Oncology	Brachytherapy	77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE
eviCore Radiation Oncology	Brachytherapy	0395T	HDR ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION

eviCore Radiation Oncology	Brachytherapy	C2616	BRACHYTHERAPY SOURCE, NONSTRANDED, YTTRIUM-90, PER SOURCE
eviCore Radiation Oncology	Brachytherapy	G0458	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE
eviCore Radiation Oncology	Dosimetry	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS
eviCore Radiation Oncology	Dosimetry	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE, AS REQUIRED DURING COURSE OF TREATMENT, ONL
eviCore Radiation Oncology	Dosimetry	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS
eviCore Radiation Oncology	Dosimetry	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY CALCULATION(S)
eviCore Radiation Oncology	Dosimetry	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)
eviCore Radiation Oncology	Dosimetry	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 1 CHANNEL), INCLUDES BASIC DOSIMETRY CALCULATION(S)
eviCore Radiation Oncology	Dosimetry	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)
eviCore Radiation Oncology	Dosimetry	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)
eviCore Radiation Oncology	Dosimetry	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY
eviCore Radiation Oncology	Dosimetry	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN
eviCore Radiation Oncology	Hyperthermia	77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)
eviCore Radiation Oncology	Hyperthermia	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)
eviCore Radiation Oncology	Hyperthermia	77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS
eviCore Radiation Oncology	Hyperthermia	77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS
eviCore Radiation Oncology	Hyperthermia	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)
eviCore Radiation Oncology	Imaging Guidance	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED
eviCore Radiation Oncology	Imaging Guidance	77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)
eviCore Radiation Oncology	Oncology Device Placement	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION
eviCore Radiation Oncology	Oncology Device Placement	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE
eviCore Radiation Oncology	Oncology Device Placement	41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
eviCore Radiation Oncology	Oncology Device Placement	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE
eviCore Radiation Oncology	Oncology Device Placement	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Radiation Oncology	Oncology Device Placement	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY
eviCore Radiation Oncology	Oncology Device Placement	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE
eviCore Radiation Oncology	Oncology Device Placement	55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
eviCore Radiation Oncology	Oncology Device Placement	57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY
eviCore Radiation Oncology	Oncology Device Placement	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY
eviCore Radiation Oncology	Oncology Device Placement	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY
eviCore Radiation Oncology	Oncology Device Placement	C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY
eviCore Radiation Oncology	Radiation Physics Consultation	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY
eviCore Radiation Oncology	Radiation Physics Consultation	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION
eviCore Radiation Oncology	Radiation Therapy	S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES
eviCore Radiation Oncology	Radiation Treatment Delivery	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION
eviCore Radiation Oncology	Radiation Treatment Delivery	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Radiation Oncology	Radiation Treatment Delivery	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION
eviCore Radiation Oncology	Radiation Treatment Delivery	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Radiation Oncology	Radiation Treatment Delivery	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

eviCore Radiation Oncology	Radiation Treatment Delivery	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED
eviCore Radiation Oncology	Radiation Treatment Delivery	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED
eviCore Radiation Oncology	Radiation Treatment Delivery	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS
eviCore Radiation Oncology	Radiation Treatment Delivery	77402	RADIATION TREATMENT DELIVERY, >1 MEV; SIMPLE
eviCore Radiation Oncology	Radiation Treatment Delivery	77407	RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS; THREE OR MORE PORTS ON A SINGLE TREATMENT AREA; OR THREE OR MORE SIMPLE BLOCKS;>=1 MEV; INTERMEDIATE
eviCore Radiation Oncology	Radiation Treatment Delivery	77412	RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING; TANGENTIAL PORTS; WEDGES; ROTATIONAL BEAM; FIELD-IN-FIELD OR OTHER TISSUE COMPENSATION THAT DOES NOT MEET IMRT GUIDELINES; OR ELECTRON BEAM; >=1 MEV; COMPLEX
eviCore Radiation Oncology	Radiation Treatment Delivery	77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/OR WEDGE, AND/OR COMPENSATOR(S)
eviCore Radiation Oncology	Radiation Treatment Delivery	77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION
eviCore Radiation Oncology	Radiation Treatment Delivery	77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION
eviCore Radiation Oncology	Radiation Treatment Delivery	77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS
eviCore Radiation Oncology	Radiation Treatment Delivery	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY
eviCore Radiation Oncology	Radiation Treatment Delivery	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION)
eviCore Radiation Oncology	Radiation Treatment Delivery	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS
eviCore Radiation Oncology	Radiation Treatment Delivery	77436	SURFACE RADIATION THERAPY; SUPERFICIAL OR ORTHOVOLTAGE, TREATMENT PLANNING AND SIMULATION-AIDED FIELD SETTING
eviCore Radiation Oncology	Radiation Treatment Delivery	77437	SURFACE RADIATION THERAPY; SUPERFICIAL, DELIVERY, =150 KV, PER FRACTION (EG, ELECTRONIC BRACHYTHERAPY)
eviCore Radiation Oncology	Radiation Treatment Delivery	77438	SURFACE RADIATION THERAPY; ORTHOVOLTAGE, DELIVERY, >150-500 KV, PER FRACTION
eviCore Radiation Oncology	Radiation Treatment Delivery	77439	SURFACE RADIATION THERAPY; SUPERFICIAL OR ORTHOVOLTAGE, IMAGE GUIDANCE, ULTRASOUND FOR PLACEMENT OF RADIATION THERAPY FIELDS FOR TREATMENT OF CUTANEOUS TUMORS, PER COURSE OF TREATMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
eviCore Radiation Oncology	Radiation Treatment Delivery	77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT
eviCore Radiation Oncology	Radiation Treatment Delivery	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)
eviCore Radiation Oncology	Radiation Treatment Delivery	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION
eviCore Radiation Oncology	Radiation Treatment Delivery	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION
eviCore Radiation Oncology	Radiation Treatment Delivery	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE
eviCore Radiation Oncology	Radiation Treatment Delivery	77525	PROTON TREATMENT DELIVERY; COMPLEX
eviCore Radiation Oncology	Radiation Treatment Delivery	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION; USED FOR I-131 TREATMENT
eviCore Radiation Oncology	Radiation Treatment Delivery	79101	RADIOPHARMACEUTICAL, THERAPY, BY INTRAVENOUS ADMINISTRATION
eviCore Radiation Oncology	Radiation Treatment Delivery	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MCI
eviCore Radiation Oncology	Radiation Treatment Delivery	A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE (XOFIGO)
eviCore Radiation Oncology	Radiation Treatment Delivery	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAJETAN, THERAPEUTIC, 1 MILLICURIE
eviCore Radiation Oncology	Radiation Treatment Delivery	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT
eviCore Radiation Oncology	Radiation Treatment Delivery	G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM 5 SESSIONS PER COURSE OF TREATMENT
eviCore Radiation Oncology	Radiation Treatment Delivery	S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY
eviCore Radiation Oncology	Radiation Treatment Devices	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)
eviCore Radiation Oncology	Radiation Treatment Devices	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)
eviCore Radiation Oncology	Radiation Treatment Devices	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)
eviCore Radiation Oncology	Radiation Treatment Devices	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN
eviCore Radiation Oncology	Radiation Treatment Planning	77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE
eviCore Radiation Oncology	Radiation Treatment Planning	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE
eviCore Radiation Oncology	Radiation Treatment Planning	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX
eviCore Radiation Oncology	Radiation Treatment Simulation	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE
eviCore Radiation Oncology	Radiation Treatment Simulation	77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE
eviCore Radiation Oncology	Radiation Treatment Simulation	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX
eviCore Radiation Oncology	Radiation Treatment Supervision	77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE

eviCore Radiation Oncology	Respiratory Simulation	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
eviCore Radiation Oncology	Ultrasound Guidance	76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	
eviCore Radiation Oncology	Ultrasound Guidance	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	
eviCore Radiation Oncology	Uncategorized Radiation Oncology	19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT), CONCURRENT WITH PARTIAL MASTECTOMY	
eviCore Radiation Oncology	Uncategorized Radiation Oncology	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	
eviCore Radiation Oncology	Uncategorized Radiation Oncology	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
eviCore Radiation Oncology	Uncategorized Radiation Oncology	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	
eviCore Radiation Oncology	Unlisted Procedures	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	
eviCore Radiation Oncology	Unlisted Procedures	77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	
eviCore Radiation Oncology	Unlisted Procedures	77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	
eviCore Radiation Oncology	Unlisted Procedures	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY (THIS CODE TO BE USED IN PLACE OF 77776 AND 77777)	
eviCore Radiation Oncology	Unlisted Procedures	A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	