

Highmark

The following codes are managed for members who have health benefits covered by Highmark, administered by eviCore healthcare.

Lab Program Effective 8/1/2016

NONMOLECULAR Program Effective 8/1/2021

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
	<p>Legend:</p> <p>Requires Prior Authorization- Requests containing these codes should be submitted directly to eviCore</p> <p>Claim Policies Apply-eviCore manages this code with claim edits. This code by itself does not require prior authorization. However, all procedure codes (81105-81599) included in a multiple procedure code panel are subject to medical necessity review if any code requires prior authorization. This ensures a holistic approach to a panel test.</p>					
80400	Ach Stimulation Panel For Adrenal Insufficiency	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80402	Measurement Of Cortisol	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80406	Measurement Of 17 Hydroxypregnenolone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80408	Aldosterone Suppression Evaluation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80410	Calcitonin Stimulation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80412	Corticotrophic Releasing Hormone (Crh) Stimulation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80416	Measurement Of Renin	NONMOLECULAR	Claim Policies Apply	01/01/96	08/01/21	None
80417	Peripheral Vein Renin Stimulation Panel	NONMOLECULAR	Claim Policies Apply	01/01/96	08/01/21	None
80418	Combined Rapid Anterior Pituitary Evaluation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80420	Measurement Of Cortisol	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80422	Glucagon Tolerance Panel For Insulinoma	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80424	Glucagon Tolerance Panel For Pheochromocytoma	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80426	Gonadotropin Releasing Hormone Stimulation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80428	Measurement Of Human Growth Hormone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80430	Growth Hormone Suppression Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80432	Insulin-induced C-peptide suppression panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80434	Insulin tolerance panel; for ACTH insufficiency	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80435	Measurement Of Human Growth Hormone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80436	Metyrapone Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80438	1 Hour Thyrotropin Releasing Hormone Stimulation Panel	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80439	Measurement Of Thyroid Stimulating Hormone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
80500	Clinical Pathology Consultation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
80502	Clinical Pathology Consultation With Review Of Patient History And Medical Record	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81000	Manual Urinalysis Using Dip Stick And Microscopy Of Urine	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
81001	Automated Urinalysis Using Dip Stick And Microscopy Of Urine	NONMOLECULAR	Claim Policies Apply	01/01/96	08/01/21	None
81002	Manual Urinalysis Using Dip Stick	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81003	Automated Urinalysis Using Tablet Reagent	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81005	Semiquantitative Urinalysis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81007	Screen For Bacteriuria	NONMOLECULAR	Claim Policies Apply	01/01/90	08/01/21	None
81015	Microscopy Of Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81020	Two-Glass Test Of Urine	NONMOLECULAR	Claim Policies Apply	01/01/95	08/01/21	None
81025	Urine Pregnancy Test Using Visual Color Comparison Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
81050	Volume Measurement For Timed Collection Of Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81099	Unlisted urinalysis procedure	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K305E))	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidolysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) allele	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) allele	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) allele	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81184	CACNA1A (calcium voltage-gated channel subunit alpha 1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81185	CACNA1A (calcium voltage-gated channel subunit alpha 1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81186	CACNA1A (calcium voltage-gated channel subunit alpha 1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant (s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81215	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81216	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81233	BTK (Barton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg expanded size)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
81278	IGH@BCL2 ((14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), promoter methylation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/14	08/01/16	None
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant (s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81290	MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
81315	PML/RARalpha, t(15;17), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81316	PML/RARalpha, t(15;17), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1 antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81333	TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81343	PPP2R2B (protein phosphatase 2 regulatory subunit B beta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/19	01/01/19	None
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	MOLECULAR GENOMIC	Claim Policies Apply	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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])	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/12	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidiosis 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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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, SPO11, SPTLC1)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
81479	Unlisted molecular pathology procedure	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/14	08/01/16	None
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/14	08/01/16	None
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	MOLECULAR GENOMIC	Claim Policies Apply	01/01/14	08/01/16	None
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/17	01/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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])	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/16	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/19	01/01/19	None
81599	Unlisted multianalyte assay with algorithmic analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
82009	Qualitative Analysis Of Acetone In Serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82010	Measurement Of Ketone Body In Serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82013	Measurement Of Red Blood Cell Acetylcholinesterase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82016	Qualitative Analysis Of Acylcarnitine	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82017	Measurement Of Acylcarnitine	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82024	Measurement Of Adrenocorticotrophic Hormone (Acth)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82030	Measurement Of Cyclic 5-Monophosphate Adenosine (Cyclic Amp)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82040	Measurement Of Albumin In Plasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82042	Measurement Of Albumin In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82043	Measurement Of Microalbumin In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82044	Semiquantitative Analysis Of Microalbumin In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82045	Measurement Of Ischemia Modified Albumin	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
82075	Alcohol (ethanol); breath	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	NONMOLECULAR	Claim Policies Apply	01/01/21	08/01/21	None
82085	Measurement Of Aldolase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82088	Measurement Of Aldosterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82103	Measurement Of Total Alpha-1-Antitrypsin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82104	Analysis Of Alpha-1-Antitrypsin Phenotype	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82106	Measurement Of Alpha-Fetoprotein (Afp) In Amniotic Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82107	Measurement Of Alpha Fetoprotein-L3 Fraction Isoform And Total Alpha-Fetoprotein With Ratio	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
82108	Measurement Of Aluminum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82120	Qualitative Analysis Of Amine In Vaginal Fluid	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
82127	Amino acids; single, qualitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82128	Amino acids; multiple, qualitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82131	Amino acids; single, quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82135	Aminolevulinic acid, delta (ALA)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
82140	Ammonia	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82143	Amniotic fluid scan (spectrophotometric)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82150	Measurement Of Amylase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82154	Measurement Of Androstenediol Glucuronide	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
82157	Measurement Of Androstenedione	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82160	Measurement Of Androsterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82163	Measurement Of Angiotensin li	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82164	Measurement Of Angiotensin I-Converting Enzyme (Ace)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82172	Measurement Of Apolipoprotein	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82175	Measurement Of Arsenic	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82180	Measurement Of Ascorbic Acid In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82190	Atomic absorption spectroscopy, each analyte	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82232	Measurement Of Beta-2 Microglobulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82239	Measurement Of Total Bile Acids	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82240	Measurement Of Cholyglycine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82247	Measurement Of Total Bilirubin	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82248	Measurement Of Direct Bilirubin	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82252	Qualitative Analysis Of Bilirubin In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82261	Measurement Of Biotinidase	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82270	Qualitative Analysis Of Occult Blood In Consecutive Collected Fecal Specimens By Peroxidase Activity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82271	Qualitative Analysis Of Occult Blood By Peroxidase Activity	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
82272	Qualitative Analysis Of Occult Blood In Feces By Peroxidase Activity	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
82274	Qualitative Immunoassay For Hemoglobin In Feces	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
82286	Measurement Of Bradykinin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82300	Measurement Of Cadmium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82306	Measurement Of Vitamin D 25 Hydroxy	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82310	Measurement Of Total Calcium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82330	Measurement Of Ionized Calcium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82331	Measurement Of Calcium After Calcium Infusion Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82340	Measurement Of Calcium In Timed Urine Specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82355	Qualitative Chemical Analysis Of Calculus	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82360	Quantitative Chemical Analysis Of Calculus	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82365	Infrared Spectroscopy Of Calculus	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82370	X-Ray Diffraction Of Calculus	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82373	Measurement Of Carbohydrate Deficient Transferrin	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
82374	Measurement Of Carbon Dioxide	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82375	Measurement Of Carboxyhemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82376	Qualitative Analysis Of Carboxyhemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82379	Measurement Of Free And Total Carnitine	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82380	Measurement Of Carotene	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82382	Measurement Of Total Catecholamines In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82383	Measurement Of Catecholamines In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82384	Measurement Of Fractionated Catecholamines	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82387	Measurement Of Cathepsin-D	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82390	Measurement Of Ceruloplasmin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82397	Chemiluminescent Assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82415	Measurement Of Chloramphenicol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82435	Measurement Of Chloride In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82436	Measurement Of Chloride In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82438	Measurement Of Chloride In Specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82441	Screening For Chlorinated Hydrocarbon	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82465	Measurement Of Total Cholesterol In Whole Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82480	Measurement Of Cholinesterase In Serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82482	Measurement Of Red Blood Cell Cholinesterase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82485	Measurement Of Chondroitin B Sulfate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
82495	Measurement Of Chromium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82507	Measurement Of Citrate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82525	Measurement Of Copper	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82528	Measurement Of Corticosterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82530	Measurement Of Free Cortisol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82533	Measurement Of Total Cortisol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82540	Measurement Of Creatine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82542	Quantitative Column Chromatography	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82550	Measurement Of Total Creatine Kinase (Ck)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82552	Measurement Of Creatine Kinase (Ck) Isoenzymes	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82553	Measurement Of Creatine Kinase (Ck) Muscle And Brain (Mb) Fraction	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82554	Measurement Of Creatine Kinase (Ck) Isoforms	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82565	Measurement Of Creatinine In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82570	Measurement Of Creatinine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82575	Creatinine Clearance Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82585	Measurement Of Cryofibrinogen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82595	Semi-Quantitative Analysis Of Cryoglobulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82600	Measurement Of Cyanide	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82607	Measurement Of Cyanocobalamin (Vitamin B-12)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82608	Measurement Of Unsaturated Cyanocobalamin (Vitamin B-12) Binding Capacity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82610	Measurement Of Cystatin C	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
82615	Qualitative Analysis Of Cystine And Homocystine In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82626	Measurement Of Dehydroepiandrosterone (Dhea)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82627	Measurement Of Dehydroepiandrosterone-Sulfate (Dhea-S)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82633	Measurement Of 11-Desoxycorticosterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82634	Measurement Of 11-Desoxycortisol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82638	Dibucaine Number Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82642	Dihydrotestosterone (DHT)	NONMOLECULAR	Claim Policies Apply	01/01/19	08/01/21	None
82652	Measurement Of 1, 25 Dihydroxy Vitamin D	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82656	Qualitative Analysis Of Pancreatic Elastase (EI-1) In Feces	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82664	Electrophoretic technique, not elsewhere specified	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82668	Measurement Of Erythropoietin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82670	Estradiol; total	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82671	Measurement Of Fractionated Estrogens	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82672	Measurement Of Total Estrogens	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82677	Measurement Of Estriol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82679	Measurement Of Estrone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	NONMOLECULAR	Claim Policies Apply	01/01/21	08/01/21	None
82693	Qualitative Analysis Of Ethylene Glycol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82696	Measurement Of Etiocholanolone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82705	Qualitative Analysis Of Lipids In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82710	Measurement Of Fat In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82715	Measurement Of Fat Differential In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82725	Measurement Of Nonesterified Fatty Acids	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82726	Measurement Of Very Long Chain Fatty Acids	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82728	Measurement Of Ferritin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82731	Semi-Quantitative Analysis Of Fetal Fibronectin In Cervicovaginal Secretion	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
82735	Measurement Of Fluoride	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82746	Measurement Of Folic Acid In Serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82747	Measurement Of Red Blood Cell Folic Acid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82757	Measurement Of Fructose In Semen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
82759	Measurement Of Red Blood Cell Galactokinase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82760	Measurement Of Galactose	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82775	Measurement Of Galactose-1-Phosphate Uridyl Transferase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82776	Screening For Galactose-1-Phosphate Uridyl Transferase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82777	Galectin-3 Measurement	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82785	Measurement Of Immunoglobulin E (Ige)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82787	Measurement Of Immunoglobulin Subclass	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82800	Analysis Of Ph Of Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82803	Analysis Of Blood Gases	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82805	Analysis Of Co2 Of Blood	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
82810	Direct Measurement Of O2 Saturation In Blood	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
82820	Measurement Of Hemoglobin-Oxygen Affinity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82930	Gastric Acid Analysis With Ph	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
82938	Measurement Of Gastrin After Secretin Stimulation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82941	Measurement Of Gastrin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82943	Measurement Of Glucagon	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82945	Measurement Of Glucose In Body Fluid	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
82946	Glucagon Tolerance Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82947	Measurement Of Glucose In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82948	Measurement Of Glucose In Blood Using Reagent Strip	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82950	Measurement Of Glucose After Glucose Dose	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82955	Measurement Of Glucose-6-Phosphate Dehydrogenase (G6Pd)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82960	Screening For Glucose-6-Phosphate Dehydrogenase (G6Pd)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82962	Measurement Of Blood Glucose Using Fda-Approved Home Glucose Monitoring Device	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82963	Measurement Of Beta Glucosidase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82965	Measurement Of Glutamate Dehydrogenase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82977	Measurement Of Gamma Glutamyltransferase (Ggt)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82978	Measurement Of Glutathione	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82979	Measurement Of Red Blood Cell Glutathione Reductase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
82985	Measurement Of Glycated Protein	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83001	Measurement Of Follicle Stimulating Hormone (Fsh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83002	Measurement Of Luteinizing Hormone (Lh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83003	Measurement Of Human Growth Hormone (Hgh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83006	Growth Stimulation Expressed Gene 2 Analysis	NONMOLECULAR	Claim Policies Apply	01/01/15	08/01/21	None
83009	Analysis Of Urease Activity In Blood Using C13 Isotope For Diagnosis Of Helicobacter Pylori	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
83010	Measurement Of Haptoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83012	Haptoglobin Phenotype Analysis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83013	Analysis Of Urease Activity In Breath Using C13 Isotope For Diagnosis Of Helicobacter Pylori	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83014	Administration Of Isotope For Analysis Of Urease Activity For Diagnosis Of Helicobacter Pylori	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83015	Screening For Heavy Metal	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83018	Measurement Of Heavy Metal	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83020	Fractionation And Measurement Of Hemoglobin Using Electrophoresis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83021	Fractionation And Measurement Of Hemoglobin Of Hemoglobin Using Chromatography	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83026	Measurement Of Hemoglobin Using Copper Sulfate Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83030	Chemical Analysis Of Hemoglobin F	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83033	Qualitative Analysis Of Hemoglobin F (Hb F)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83036	Measurement Of Glycosylated Hemoglobin (Hba1C)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83037	Measurement Of Glycosylated Hemoglobin By Fda-Approved Home Device	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83045	Qualitative Analysis Of Methemoglobin In Hemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83050	Measurement Of Methemoglobin In Hemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83051	Measurement Of Hemoglobin In Plasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
83060	Measurement Of Sulfhemoglobin In Hemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83065	Thermolabile Hemoglobin Heat Denaturation Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83068	Screening For Unstable Hemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83069	Analysis Of Hemoglobin In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83070	Qualitative Analysis Of Hemosiderin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83080	Measurement Of B-Hexosaminidase	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83088	Measurement Of Histamine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83090	Measurement Of Homocysteine	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
83150	Measurement Of Homovanillic Acid (Hva)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83491	Measurement Of Hydroxycorticosteroids, 17- (17-Ohcs)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83497	Measurement Of 5-Hydroxyindolacetic Acid (Hiaa)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83498	Measurement Of 17-D Hydroxyprogesterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83500	Analysis Of Free Hydroxyproline	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83505	Analysis Of Total Hydroxyproline	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83518	Qualitative Immunoassay Using Single Step Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83519	Quantitative Immunoassay Using Radioimmunoassay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83520	Quantitative Immunoassay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83525	Measurement Of Total Insulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83527	Measurement Of Free Insulin	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
83528	Measurement Of Intrinsic Factor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83540	Measurement Of Iron	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83550	Measurement Of Iron Binding Capacity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83570	Measurement Of Isocitric Dehydrogenase (Ibh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83582	Fractionation Of Ketogenic Steroids	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83586	Measurement Of Total 17-Ketosteroids	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83593	Fractionation Of 17-Ketosteroids	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83605	Measurement Of Lactate (Lactic Acid)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83615	Measurement Of Lactate Dehydrogenase (Ld), (Ldh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83625	Separation And Measurement Of Lactate Dehydrogenase (Ld), (Ldh) Isoenzymes	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83630	Qualitative Analysis Of Lactoferrin In Feces	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
83631	Measurement Of Lactoferrin In Feces	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83632	Measurement Of Human Placental Lactogen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83633	Qualitative Analysis Of Lactose In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83655	Measurement Of Lead	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83661	Assessment Of Fetal Lung Maturity Using Lecithin Sphingomyelin (L/S) Ratio	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83662	Assessment Of Fetal Lung Maturity Using Foam Stability Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83663	Assessment Of Fetal Lung Maturity Using Fluorescence Polarization	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
83664	Assessment Of Fetal Lung Maturity Using Lamellar Body Density	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
83670	Measurement Of Leucine Aminopeptidase (Lap)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83690	Measurement Of Lipase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83695	Measurement Of Lipoprotein (A)	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83698	Measurement Of Lipoprotein-Associated Phospholipase A2 (Lp-Pla2)	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
83700	Separation And Measurement Of Lipoprotein In Blood Using Electrophoresis	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83701	High Resolution Fractionation And Measurement Of Lipoprotein In Blood	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83704	Measurement Of Lipoprotein Particle Numbers And Lipoprotein Particle Subclasses In Blood	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
83718	Direct Measurement Of High Density Cholesterol (Hdl Cholesterol)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83719	Direct Measurement Of Very Low Density Cholesterol (Vldl Cholesterol)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83721	Direct Measurement Of Low Density Cholesterol (Ldl Cholesterol)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	NONMOLECULAR	Claim Policies Apply	01/01/19	08/01/21	None
83727	Measurement Of Luteinizing Releasing Factor (Lrh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83735	Measurement Of Magnesium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83775	Measurement Of Malate Dehydrogenase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83785	Measurement Of Manganese	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83789	Quantitative Mass Spectrometry	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83825	Measurement Of Mercury	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
83835	Measurement Of Metanephrines	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83857	Measurement Of Methemalbumin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83861	Microfluidic Analysis Of Osmolarity In Tears Using Integrated Collection And Analysis Device	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
83864	Measurement Of Acid Mucopolysaccharides	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83872	Mucin Coagulation Test In Synovial Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83873	Analysis Of Myelin Basic Protein In Cerebrospinal Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83874	Measurement Of Myoglobin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83876	Measurement Of Myeloperoxidase (Mpo)	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
83880	Measurement Of Natriuretic Peptide	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
83883	Nephelometry	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83885	Measurement Of Nickel	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83915	Measurement Of 5'-Nucleotidase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83916	Oligoclonal Band Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83918	Organic acids; total, quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83919	Organic acids; qualitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
83921	Organic acid, single, quantitative	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
83930	Analysis Of Osmolality In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83935	Analysis Of Osmolality In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83945	Measurement Of Oxalate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83950	Measurement Of Her-2/Neu Oncoprotein	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
83951	Measurement Of Des-Gamma-Carboxy-Prothrombin (Dcp) Oncoprotein	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
83970	Measurement Of Parathormone (Parathyroid Hormone)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83986	Analysis Of Ph In Body Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
83987	Analysis Of Ph In Exhaled Breath Condensate	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
84030	Measurement Of Phenylalanine (Pku) In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84035	Qualitative Analysis Of Phenylketone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84060	Measurement Of Total Acid Phosphatase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84066	Measurement Of Prostatic Acid Phosphatase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84075	Measurement Of Alkaline Phosphatase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84078	Measurement Of Heat Stable Alkaline Phosphatase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84081	Measurement Of Phosphatidylglycerol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84085	Measurement Of Red Blood Cell 6-Dehydrogenase Phosphogluconate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84087	Measurement Of Phosphohexose Isomerase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84100	Measurement Of Inorganic Phosphorus (Phosphate)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84105	Measurement Of Inorganic Phosphorus (Phosphate) In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84106	Qualitative Analysis Of Porphobilinogen In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84110	Measurement Of Porphobilinogen In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84112	Qualitative Analysis Of Placental Alpha Microglobulin-1 (Pamg-1) In Cervicovaginal Secretion	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
84119	Qualitative Analysis Of Porphyrins In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84120	Fractionation And Measurement Of Porphyrins In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84126	Measurement Of Porphyrins In Feeces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84132	Measurement Of Potassium In Whole Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84133	Measurement Of Potassium In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84134	Measurement Of Prealbumin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84135	Measurement Of Pregnanediol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84138	Measurement Of Pregnanetriol	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84140	Measurement Of Pregnenolone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
84143	Measurement Of 17-Hydroxypregnenolone	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
84144	Measurement Of Progesterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84145	Measurement Of Procalcitonin (Pct)	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
84146	Measurement Of Prolactin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84150	Measurement Of Prostaglandin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84155	Measurement Of Total Protein In Whole Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84156	Measurement Of Total Protein In Urine	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
84157	Measurement Of Total Protein	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
84160	Measurement Of Total Protein Using Refractometry	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84163	Measurement Of Pregnancy-Associated Plasma Protein-A (Papp-A)	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
84165	Protein; electrophoretic fractionation and quantitation, serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
84181	Western Blot Protein Immunoassay On Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84202	Measurement Of Red Blood Cell Protoporphyrin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84203	Screening For Red Blood Cell Protoporphyrin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84206	Measurement Of Proinsulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84207	Measurement Of Pyridoxal Phosphate (Vitamin B-6)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84210	Measurement Of Pyruvate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84220	Measurement Of Pyruvate Kinase	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84228	Measurement Of Quinine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84233	Assay For Estrogen Receptor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84234	Assay For Progesterone Receptor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84235	Assay For Endocrine Receptor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84238	Receptor assay; non-endocrine (specify receptor)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84244	Measurement Of Renin Activity+C6442	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84252	Measurement Of Riboflavin (Vitamin B-2)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84255	Measurement Of Selenium	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84260	Measurement Of Serotonin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84270	Measurement Of Sex Hormone Binding Globulin (Shbg)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84275	Measurement Of Sialic Acid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84285	Measurement Of Silica	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84295	Measurement Of Sodium In Plasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84300	Measurement Of Sodium In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84302	Measurement Of Sodium	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
84305	Measurement Of Somatomedin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84307	Measurement Of Somatostatin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84311	Spectrophotometry, analyte not elsewhere specified	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84315	Measurement Of Specific Gravity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84375	Sugars, chromatographic, TLC or paper chromatography	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
84392	Sulfate, urine	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
84402	Measurement Of Free Testosterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84403	Measurement Of Total Testosterone	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84410	Testosterone Bioavailable	NONMOLECULAR	Claim Policies Apply	01/01/17	08/01/21	None
84425	Measurement Of Thiamine (Vitamin B-1)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84430	Measurement Of Thiocyanate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84431	Measurement Of Thromboxane Metabolite In Urine	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
84432	Measurement Of Thyroglobulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84436	Measurement Of Total Thyroxine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84437	Measurement Of Thyroxine With Elution	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84439	Measurement Of Free Thyroxine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84442	Measurement Of Thyroxine Binding Globulin (Tbg)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84443	Measurement Of Thyroid Stimulating Hormone (Tsh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84445	Measurement Of Thyroid Stimulating Immune Globulins (Tsi)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84446	Measurement Of Alpha Tocopherol (Vitamin E)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84449	Measurement Of Transcortin (Cortisol Binding Globulin)	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
84450	Measurement Of Aspartate Amino Transferase (Ast) (Sgot)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84460	Measurement Of Alanine Amino Transferase (Alt) (Sgpt)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
84466	Measurement Of Transferrin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84478	Measurement Of Triglycerides	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84479	Measurement Of Triiodothyronine Uptake	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84480	Measurement Of Total Triiodothyronine (Tt-3)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84481	Measurement Of Free Triiodothyronine (T3)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84482	Measurement Of Reverse Triiodothyronine (Rt3)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84484	Measurement Of Troponin	NONMOLECULAR	Claim Policies Apply	01/01/97	08/01/21	None
84485	Measurement Of Trypsin In Duodenal Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84488	Qualitative Analysis Of Trypsin In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84490	Measurement Of Trypsin In 24-Hour Collection Of Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84510	Measurement Of Tyrosine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84512	Qualitative Analysis Of Troponin	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
84520	Measurement Of Blood Urea Nitrogen (Bun)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84525	Semiquantitative Analysis Of Blood Urea Nitrogen (Bun)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84540	Measurement Of Urea Nitrogen In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84545	Measurement Of Blood Urea Nitrogen (Bun) Clearance	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84550	Measurement Of Uric Acid In Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84560	Measurement Of Uric Acid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84577	Measurement Of Urobilinogen In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84578	Qualitative Analysis Of Urobilinogen In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84580	Measurement Of Urobilinogen In Timed Urine Specimen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84583	Semiquantitative Analysis Of Urobilinogen In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84585	Measurement Of Vanillylmandelic Acid (Vma) In Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84586	Measurement Of Vasoactive Intestinal Peptide (Vip)	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
84588	Measurement Of Vasopressin (Antidiuretic Hormone, Adh)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84590	Vitamin A	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84591	Vitamin, not otherwise specified	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
84597	Vitamin K	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84600	Measurement Of Volatile Substance	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84620	Xylose Absorption Test On Blood And Urine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84630	Measurement Of Zinc	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84681	Measurement Of C-Peptide	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84703	Qualitative Analysis Of Chorionic Gonadotropin (Hcg)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84704	Measurement Of Free Beta Chain Chorionic Gonadotropin (Hcg)	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
84830	Ovulation Test For Human Luteinizing Hormone Using Visual Color Comparison Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
84999	Unlisted chemistry procedure	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/93	08/01/16	None
85002	Measurement Of Bleeding Time	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85004	Automated Differential Leukocyte (Wbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
85007	Estimated Leukocyte (Wbc) And Platelet Count By Microscopic Examination Of Blood Smear With Manual Differential Leukocyte (Wbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85008	Estimated Leukocyte (Wbc) And Platelet Count By Microscopic Examination Of Blood Smear	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85009	CS	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85013	Measurement Of Spun Microhematocrit	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85014	Measurement Of Hematocrit (Hct)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85018	Measurement Of Hemoglobin (Hgb)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85025	Automated Measurement Of Hematocrit	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85027	Automated Red Blood Cell (Rbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85032	Manual Red Blood Cell (Rbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
85041	Automated Red Blood Cell (Rbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85044	Manual Reticulocyte Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85045	Automated Reticulocyte Count	NONMOLECULAR	Claim Policies Apply	01/01/90	08/01/21	None
85046	Automated Reticulocyte Count With Cellular Parameter	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
85048	Automated White Blood Cell (Wbc) Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85049	Automated Platelet Count	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
85055	Assay For Reticulated Platelets	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
85060	Interpretation Of Peripheral Blood Smear	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85097	Interpretation Of Bone Marrow Smear	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85130	Chromogenic substrate assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85170	Clot Retraction Study	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85175	Whole Blood Dilution Clot Lysis Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85210	Assay For Clotting Factor Ii	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85220	Assay For Clotting Factor V (Acg Or Proaccelerin)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85230	Assay For Clotting Factor Vii	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85240	1-Stage Assay For Clotting Factor Viii (Ahg)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85244	Assay For Clotting Factor Viii-Related Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85245	Assay For Ristocetin Cofactor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85246	Assay For Factor Viii Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85247	Assay For Clotting Factor Viii With Multimeric Analysis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85250	Assay For Clotting Factor Ix (Ptc)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85260	Assay For Clotting Factor X (Stuart-Prower)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85270	Assay For Clotting Factor Xi (Pta)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85280	Assay For Clotting Factor Xii (Hageman)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85290	Assay For Clotting Factor Xiii (Fibrin Stabilizing)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85291	Solubility Screening For Clotting Factor Xiii (Fibrin Stabilizing)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85292	Assay For Prekallikrein (Fletcher Factor)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85293	Assay For High Molecular Weight Kininogen (Fitzgerald Factor)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85300	Assay For Antithrombin Iii Activity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85301	Assay For Antithrombin Iii Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85302	Assay For Protein C Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85303	Assay For Protein C Activity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85305	Assay For Total Protein S	NONMOLECULAR	Claim Policies Apply	01/01/92	08/01/21	None
85306	Assay For Free Protein S	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85307	Assay For Activated Protein C (Apc) Resistance	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
85335	Factor Inhibitor Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85337	Assay For Thrombomodulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85345	Lee And White Coagulation Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85347	Activated Coagulation Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85348	Coagulation Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85360	Euglobulin Lysis Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85362	Semiquantitative Analysis Of Fibrin Degradation Products (Fdp) (Fsp) Using Agglutination Slide Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85366	Analysis Of Fibrin Degradation Products (Fdp) (Fsp) Using Paracoagulation Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85370	Measurement Of Fibrin Degradation Products (Fdp) (Fsp)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85378	Qualitative Analysis Of D-Dimer Fibrin Degradation Products	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85379	Measurement Of D-Dimer Fibrin Degradation Products	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85380	Ultrasensitive Qualitative Analysis Of D-Dimer Fibrin Degradation Products	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
85384	Measurement Of Fibrinogen Activity	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85385	Measurement Of Fibrinogen Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85390	Screening For Fibrinolysins With Interpretation And Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85396	Coagulation/Fibrinolysis Assay On Whole Blood Using Pharmacologic Additive, With Interpretation And Written Report	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
85397	Analysis Of Functional Activity Of Coagulation And Fibrinolysis	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
85400	Measurement Of Plasmin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85410	Measurement Of Alpha-2 Antiplasmin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85415	Measurement Of Plasminogen Activator	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85420	Measurement Of Plasminogen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85421	Antigenic Assay Of Plasminogen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85441	Direct Heinz Body Stain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85445	Induced Heinz Body Stain Using Acetyl Phenylhydrazine	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85460	Differential Lysis Stain For Fetomaternal Hemorrhage	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85461	Fetal Red Cell Rosette Test For Fetomaternal Hemorrhage	NONMOLECULAR	Claim Policies Apply	01/01/95	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
85475	Acid Hemolysin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85520	Assay For Heparin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85525	Heparin Neutralization Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85530	Heparin-Prothamine Tolerance Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85536	Iron Stain Of Peripheral Blood	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
85540	Leukocyte Alkaline Phosphatase Test With Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85547	Red Blood Cell Mechanical Fragility Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85549	Muramidase Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85555	Red Blood Cell Osmotic Fragility Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85557	Incubated Red Blood Cell Osmotic Fragility Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85597	Platelet Phospholipid Neutralization Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85598	Hexagonal Phospholipid Neutralization Test	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
85610	Prothrombin Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85611	Diluted Prothrombin Time Test With Substitution Of Plasma Fractions	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85612	Russell Viper Venom Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85613	Diluted Russell Viper Venom Time Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85635	Reptilase Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85651	Erythrocyte Sedimentation Rate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85652	Automated Erythrocyte Sedimentation Rate	NONMOLECULAR	Claim Policies Apply	01/01/96	08/01/21	None
85660	Sickling Of Red Blood Cell Reduction Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85670	Thrombin Time Test On Plasma	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
85675	Thrombin Time Titer	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
85705	Tissue Thromboplastin Inhibition Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85730	Partial Thromboplastin Time Test On Plasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85732	Partial Thromboplastin Time Test With Substitution Of Plasma Fractions	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85810	Viscosity Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
85999	Unlisted hematology and coagulation procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86000	Febrile Agglutinin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86001	Semiquantitative Allergen Specific Immunoglobulin G Test	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86003	Quantitative Allergen Specific Immunoglobulin E Test	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86005	Qualitative Multiallergen Screening For Allergen Specific Immunoglobulin E	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86008	Allergen Specific Ige; Quantitative Or Semiquantitative, Recombinant Or Purified Component, Each	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
86021	Identification Of Leukocyte Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86022	Identification Of Platelet Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86023	Assay For Platelet Associated Immunoglobulin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86038	Measurement Of Antinuclear Antibodies (Ana)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86039	Antinuclear Antibodies (Ana) Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86060	Antistreptolysin 0 Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86063	Screening For Antistreptolysin 0	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86077	Evaluation Of Blood Cross Match With Interpretation And Written Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86078	Investigation Of Transfusion Reaction With Interpretation And Written Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86079	Authorization For Deviation From Standard Blood Banking Procedure With Written Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86140	Measurement Of C-Reactive Protein	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86141	Measurement Of C-Reactive Protein By High Sensitivity Assay	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
86146	Assay For Beta 2 Glycoprotein I Antibody	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86147	Assay For Cardiolipin (Phospholipid) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86148	Assay For Anti-Phosphatidylserine (Phospholipid) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86155	Chemotaxis Assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86156	Screening For Cold Agglutinin	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86157	Cold Agglutinin Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86160	Assay For Complement Component Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
86161	Assay For Complement Functional Activity Of Complement Component Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86162	Total Hemolytic Complement (Ch50) Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86171	Complement Antigen Fixation Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86215	Assay For Deoxyribonuclease Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86225	Assay For Native Deoxyribonuclease Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86226	Assay For Single Stranded Deoxyribonuclease Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86235	Assay For Antibody To Extractable Nuclear Antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86255	Fluorescent noninfectious agent antibody; screen, each antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86256	Fluorescent noninfectious agent antibody; titer, each antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86277	Assay For Human Growth Hormone (Hgh) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86280	Hemagglutination Inhibition Test (Hai)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86294	Qualitative Immunoassay For Tumor Antigen	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86308	Screening For Heterophile Antibodies	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86309	Heterophile Antibodies Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86310	Heterophile Antibodies Titer After Absorption With Beef Cells And Guinea Pig Kidney	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single-step method (eg, reagent strip)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86320	Immuno-electrophoresis; serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86325	Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86327	Immuno-electrophoresis; crossed (2-dimensional assay)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86328	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	NONMOLECULAR	Claim Policies Apply	04/10/20	08/01/21	None
86329	Immunodiffusion; not elsewhere specified	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86332	Immune complex assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86334	Immuno-fixation electrophoresis; serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86335	Immuno-fixation electrophoresis; other fluids with concentration (eg, urine, CSF)	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
86336	Assay For Inhibin A	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
86337	Assay For Insulin Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86340	Assay For Intrinsic Factor Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86341	Assay For Islet Cell Antibody	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86343	Leukocyte Histamine Release Test (Lhr)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86344	Leukocyte Phagocytosis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86352	Cellular Function Assay With Stimulation And Detection Of Biomarker	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
86353	Lymphocyte Mitogen Response Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86355	Total B Cell Count	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86356	Measurement Of Mononuclear Cell Antigen	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
86357	Total Natural Killer (Nk) Cell Count	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86359	Total T Cell Count	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86360	Absolute Cd4 And Cd8 T Cell Count With Ratio	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86361	Absolute Cd4 T Cell Count	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86367	Total Stem Cell Count	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86382	Viral Neutralization Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86384	Nitroblue Tetrazolium Dye Test (Ntd)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86386	Qualitative Assay For Nuclear Matrix Protein 22 (Nmp22)	NONMOLECULAR	Claim Policies Apply	01/01/12	08/01/21	None
86403	Screening Particle Agglutination Assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86406	Screening Particle Agglutination Titer	NONMOLECULAR	Claim Policies Apply	01/01/95	08/01/21	None
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); screen	NONMOLECULAR	Claim Policies Apply	08/10/20	08/01/21	None
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); titer	NONMOLECULAR	Claim Policies Apply	08/10/20	08/01/21	None
86413	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	NONMOLECULAR	Claim Policies Apply	09/08/20	08/01/21	None
86480	Tuberculosis Test By Cell Mediated Immunity Antigen Response Measurement	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86481	Tuberculosis Test By Cell Mediated Immunity Antigen Response Measurement Using Enumeration Of Gamma Interferon-Producing T-Cells In Cell Suspension	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
86485	Candida Skin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86486	Skin test; unlisted antigen, each	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
86490	Coccidioides Skin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86510	Histoplasma Skin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86580	Intradermal Tuberculosis Skin Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86590	Assay For Streptokinase Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86592	Qualitative Assay For Non-Treponemal Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86593	Quantitative Assay For Non-Treponemal Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86602	Actinomyces Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86603	Adenovirus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86606	Aspergillus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86609	Bacterium Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86611	Assay For Bartonella Antibody	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86612	Blastomyces Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86615	Assay For Bordetella Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86617	Confirmatory Assay For Borrelia Burgdorferi Antibody	NONMOLECULAR	Claim Policies Apply	01/01/95	08/01/21	None
86618	Assay For Borrelia Burgdorferi Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86619	Assay For Borrelia Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86622	Assay For Brucella Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86625	Assay For Campylobacter Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86628	Assay For Candida Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86631	Chlamydia Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86632	Chlamydia Immunoglobulin M Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86635	Coccidioides Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86638	Coxiella Burnetii Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86641	Cryptococcus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86644	Cytomegalovirus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86645	Cytomegalovirus Immunoglobulin M Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86648	Diphtheria Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86651	California Encephalitis Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86652	Eastern Equine Encephalitis Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86653	St. Louis Encephalitis Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86654	Western Equine Encephalitis Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86658	Enterovirus Antibody Panel	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86663	Epstein-Barr (Eb) Virus Early Antigen (Ea) Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86664	Epstein-Barr (Eb) Virus Nuclear Antigen (Ebna) Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86665	Epstein-Barr (Eb) Virus Viral Capsid (Vca) Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86666	Assay For Ehrlichia Antibody	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86668	Antibody; Francisella tularensis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86671	Assay For Fungus Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86674	Antibody; Giardia lamblia	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86677	Helicobacter Pylori Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86682	Assay For Helminth Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86684	Haemophilus Influenza Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86687	Human T Cell Leukemia I Virus (Htlv-I) Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/90	08/01/21	None
86688	Human T Cell Leukemia Ii Virus (Htlv-Ii) Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86689	Confirmatory Assay For Human Immunodeficiency Virus (Hiv) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/90	08/01/21	None
86692	Assay For Hepatitis Delta Agent Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86694	Herpes Simplex Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86695	Herpes Simplex Type 1 Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86696	Herpes Simplex Type 2 Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86698	Histoplasma Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86701	Assay For Human Immunodeficiency Virus 1 (Hiv-1) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86702	Assay For Human Immunodeficiency Virus 2 (Hiv-2) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
86703	Combined Assay For Human Immunodeficiency Virus 1 (Hiv-1) Antibody And Human Immunodeficiency Virus 2 (Hiv-2) Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86704	Assay For Total Hepatitis B Core Antibody (Hbcab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86705	Assay For Hepatitis B Immunoglobulin M Core Antibody (Hbcab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86706	Assay For Hepatitis B Surface Antibody (Hbsab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86707	Assay For Hepatitis Be Antibody (Hbeab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86708	Assay For Total Hepatitis A Antibody (Haab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86709	Assay For Hepatitis A Immunoglobulin M Antibody (Haab)	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86710	Influenza Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86711	John Cunningham Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86713	Legionella Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86717	Leishmania Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86720	Leptospira Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86723	Listeria Monocytogenes Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86727	Lymphocytic Choriomeningitis Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86732	Mucormycosis Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86735	Mumps Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86738	Mycoplasma Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86741	Neisseria Meningitidis Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86744	Nocardia Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86747	Parvovirus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86750	Plasmodium Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86753	Assay For Protozoa Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86756	Respiratory Syncytial Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86757	Rickettsia Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
86759	Rotavirus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86762	Rubella Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86765	Rubeola Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86768	Salmonella Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	NONMOLECULAR	Claim Policies Apply	04/10/20	08/01/21	None
86771	Shigella Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86774	Clostridium Tetani Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86777	Toxoplasma Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86778	Toxoplasma Immunoglobulin M Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86780	Assay For Treponema Pallidum Antibody	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
86784	Trichinella Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86787	Varicella-Zoster Virus Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86788	Assay For West Nile Virus Immunoglobulin M Antibody	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
86789	Assay For West Nile Virus Antibody	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
86790	Antibody; virus, not elsewhere specified	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86793	Yersinia Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86794	Antibody; Zika Virus, Igm	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
86800	Thyroglobulin Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86803	Hepatitis C Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86804	Confirmatory Hepatitis C Antibody Titer	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
86805	Lymphocytotoxicity Assay With Titration And Visual Crossmatch	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86806	Lymphocytotoxicity Assay With Visual Crossmatch	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86807	Screening For Cytotoxic Percent Reactive Antibody (Pra) In Serum Using Standard Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86808	Screening For Cytotoxic Percent Reactive Antibody (Pra) In Serum Using Rapid Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86813	HLA typing; A, B, or C, multiple antigens	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86816	HLA typing; DR/DQ, single antigen	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86817	HLA typing; DR/DQ, multiple antigens	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86821	HLA typing; lymphocyte culture, mixed (MLC)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
86849	Unlisted immunology procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86850	Antibody screen, RBC, each serum technique	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86860	Elution Of Red Blood Cell Antibody	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86870	Red Blood Cell Antibody Panel	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86880	Direct Antihuman Globulin Test (Coombs Test)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86885	Indirect Qualitative Antihuman Globulin Test (Coombs Test)	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86886	Antihuman Globulin Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86890	Collection, Processing, And Storage Of Predeposited Autologous Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86891	Intra-Operative Salvage, Processing, And Storage Of Autologous Blood Product	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86900	Abo Blood Typing	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86901	Rh (D) Blood Typing	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86902	Antigen Testing Of Donor Blood Using Reagent Serum	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
86904	Antigen Screening Of Donor Blood For Compatibility Using Patient Serum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86905	Red Blood Cell Antigen Testing	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86906	Complete Rh Phenotyping	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86910	Abo, Rh And Mn Blood Typing For Paternity Testing	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86911	Blood Typing For Paternity Testing	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
86920	Compatibility Testing Of Blood For Transfusion Using Immediate Spin Technique	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86921	Compatibility Testing Of Blood For Transfusion Using Incubation Spin Technique	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86922	Compatibility Testing Of Blood For Transfusion Using Antiglobulin Technique	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86923	Electronic Compatibility Testing Of Blood For Transfusion	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86927	Thawing Of Fresh Frozen Plasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86930	Preparation And Freezing Of Frozen Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86931	Thawing Of Frozen Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86932	Preparation, Freezing, And Thawing Of Frozen Blood	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86940	Screening Of Hemolysins And Agglutinins	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86941	Incubation Of Hemolysins And Agglutinins	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86945	Irradiation Of Blood Product	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86950	Leukocyte Transfusion	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86960	Volume Reduction Of Blood Product	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
86965	Pooling Of Platelets	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86970	Pretreatment Of Red Blood Cells For Use In Red Blood Cell Antibody Compatibility Testing By Incubation With Drug	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86971	Pretreatment Of Red Blood Cells For Use In Red Blood Cell Antibody Compatibility Testing By Incubation With Enzyme	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86972	Pretreatment Of Red Blood Cells For Use In Red Blood Cell Antibody Identification And Compatibility Testing By Density Gradient Separation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86975	Pretreatment Of Serum For Use In Red Blood Cell Antibody Identification By Incubation With Drug	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
86976	Pretreatment Of Serum For Use In Red Blood Cell Antibody Identification By Dilution	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86977	Pretreatment Of Serum For Use In Red Blood Cell Antibody Identification By Incubation With Inhibitor	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86978	Pretreatment Of Serum For Use In Red Blood Cell Antibody Identification By Differential Red Cell Absorption Using Red Blood Cells Of Known Phenotype	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86985	Splitting Of Blood Product Unit	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
86999	Unlisted transfusion medicine procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87003	Inoculation, Observation, And Dissection Of Small Animal	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87015	Concentration Of Sample For Examination For Infectious Agent	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87040	Aerobic Bacterial Culture Of Blood With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87045	Aerobic Bacterial Culture Of Stool With Isolation And Preliminary Examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87046	Aerobic Bacterial Culture Of Stool With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87070	Bacterial Culture	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87071	Quantitative Aerobic Bacterial Culture With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87073	Quantitative Anaerobic Bacterial Culture With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87075	Bacterial Culture With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87076	Procedure For Definitive Identification Of Anaerobic Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87077	Procedure For Definitive Identification Of Aerobic Isolate	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87081	Presumptive Screening Culture For Pathogenic Organism	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87084	Presumptive Screening Culture For Pathogenic Organism With Colony Estimation Using Density Chart	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87086	Bacterial Culture Of Urine With Quantitative Colony Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87088	Bacterial Culture Of Urine With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87101	Fungal Culture Of Skin With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87102	Fungal Culture With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87103	Fungal Culture Of Blood With Isolation And Presumptive Identification Of Isolate	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87106	Procedure For Definitive Identification Of Yeast Isolated From Fungal Culture	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87107	Procedure For Definitive Identification Of Mold Isolated From Fungal Culture	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87109	Bacterial Culture For Mycoplasma	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87110	Bacterial Culture For Chlamydia	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87116	Bacterial Culture For Acid-Fast Bacilli	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87118	Procedure For Definitive Identification Of Mycobacterium Isolated From Bacterial Culture	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87140	Culture, typing; immunofluorescent method, each antiserum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/10	08/01/16	None
87152	Culture, typing; identification by pulse field gel typing	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/10	08/01/16	None
87158	Culture, typing; other methods	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87164	Specimen Collection And Dark Field Examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87166	Dark Field Examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87168	Macroscopic Examination For Arthropod	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87169	Macroscopic Examination For Parasite	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87172	Examination Of Cellophane Tape Preparation Slide For Pinworm	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87176	Tissue Homogenization For Culture	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87177	Examination Of Direct Smear And Smear Of Concentrated Material For Ova And Parasites, With Identification	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87181	Antimicrobial Agent Susceptibility Study Using Agar Dilution Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87184	Antimicrobial Agent Susceptibility Study Using Disk Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87185	Antimicrobial Agent Susceptibility Study Using Enzyme Detection	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87186	Minimum Inhibitory Concentration (Mic) Antimicrobial Agent Susceptibility Study Using Agar Dilution Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87187	Minimum Lethal Concentration (Mlc) Antimicrobial Agent Susceptibility Study Using Microdilution Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87188	Antimicrobial Agent Susceptibility Study Using Macrobrotth Dilution Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87190	Antimicrobial Agent Susceptibility Study On Mycobacteria Using Proportion Method	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87197	Serum Bactericidal Titer	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
87205	Smear From Primary Source With Giemsa Stain For Cell Type	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87206	Smear From Primary Source With Acid Fast Stain For Virus. With Interpretation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87207	Smear From Primary Source With Special Stain For Parasite	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87209	Smear From Primary Source With Special Stain For Ova And Parasite, With Interpretation	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
87210	Wet Mount Smear For Infectious Agent From Primary Source	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87220	Tissue Examination By Potassium Hydroxide Slide Of Sample From Nail For Fungus	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87230	Tissue Culture With Toxin Assay	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87250	Inoculation Of Small Animal For Virus Isolation With Observation And Dissection	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87252	Tissue Culture Inoculation For Virus Isolation With Observation And Presumptive Identification By Cytopathic Effect	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87253	Tissue Culture For Virus Isolation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
87254	Virus Isolation Using Centrifuge Enhanced Technique And Identification Using Immunofluorescence Stain	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87255	Virus Isolation And Identification	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
87260	Adenovirus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87265	Bordetella Pertussis Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87267	Enterovirus Antigen Detection Using Direct Fluorescent Antibody Technique	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
87269	Giardia Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
87270	Chlamydia Trachomatis Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87271	Cytomegalovirus Antigen Detection Using Direct Fluorescent Antibody Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87272	Cryptosporidium Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87273	Herpes Simplex Virus Type 2 Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87274	Herpes Simplex Virus Type 1 Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87275	Influenza B Virus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87276	Influenza A Virus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87278	Legionella Pneumophila Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87279	Parainfluenza Virus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87280	Respiratory Syncytial Virus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87281	Pneumocystis Carinii Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87283	Rubeola Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87285	Treponema Pallidum Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87290	Varicella Zoster Virus Antigen Detection Using Immunofluorescent Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87305	Aspergillus Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
87320	Chlamydia Trachomatis Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87324	Clostridium Difficile Toxin Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87327	Cryptococcus Neoformans Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87328	Cryptosporidium Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87329	Giardia Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
87332	Cytomegalovirus Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87335	Escherichia Coli O157 Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87336	Entamoeba Histolytica Dispar Group Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87337	Entamoeba Histolytica Group Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87338	Helicobacter Pylori Antigen Detection In Stool Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
87339	Helicobacter Pylori Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87340	Hepatitis B Surface Antigen (Hbsag) Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87341	Hepatitis B Surface Antigen (Hbsag) Neutralization Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87350	Hepatitis Be (Hbeag) Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87380	Hepatitis Delta Agent Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87385	Histoplasma Capsulatum Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
87389	Human Immunodeficiency Virus 1 Antigen And Human Immunodeficiency Virus 1 And 2 Antibody Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/12	08/01/21	None
87390	Human Immunodeficiency Virus 1 Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87391	Human Immunodeficiency Virus 2 Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87400	Influenza A Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87420	Respiratory Syncytial Virus Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87425	Rotavirus Antigen Detection Using Semiquantitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	NONMOLECULAR	Claim Policies Apply	06/25/20	08/01/21	None
87427	Shiga-Like Toxin Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	NONMOLECULAR	Claim Policies Apply	11/10/20	08/01/21	None
87430	Group A Streptococcus Antigen Detection Using Qualitative Multiple Step Enzyme Immunoassay Technique	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/17	01/01/17	None
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/10	08/01/16	None
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/07	08/01/16	None
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/08	08/01/16	None
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	03/13/20	03/13/20	None
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	10/06/20	10/06/20	None
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	10/06/20	10/06/20	None
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/07	08/01/16	None
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/07	08/01/16	None
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/07	08/01/16	None
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/04	08/01/16	None
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/14	08/01/16	None
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	MOLECULAR GENOMIC	Claim Policies Apply	01/01/98	08/01/16	None
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87802	Group B Streptococcus Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
87803	Clostridium Difficile Toxin A Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
87804	Influenza Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
87806	Hiv-1 Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/15	08/01/21	None
87807	Respiratory Syncytial Virus Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/05	08/01/21	None
87808	Trichomonas Vaginalis Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/07	08/01/21	None
87809	Adenovirus Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
87810	Chlamydia Trachomatis Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARSCoV-2 (Coronavirus disease [COVID-19])	NONMOLECULAR	Claim Policies Apply	10/06/20	08/01/21	None
87850	Neisseria Gonorrhoeae Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87880	Group A Streptococcus Antigen Detection By Immunoassay With Direct Optical Observation	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	MOLECULAR GENOMIC	Claim Policies Apply	01/01/06	08/01/16	None
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	MOLECULAR GENOMIC	Claim Policies Apply	01/01/02	08/01/16	None
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/01	08/01/16	None
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
87999	Unlisted microbiology procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88000	Gross Necropsy	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88005	Gross Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88007	Gross Necropsy Including Brain And Spinal Cord	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88012	Gross Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88014	Gross And Microscopic Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88016	Gross Necropsy Of Macerated Subject	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88020	Gross And Microscopic Necropsy	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88025	Gross And Microscopic Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88027	Gross And Microscopic Necropsy Including Brain And Spinal Cord	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88028	Gross And Microscopic Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88029	Gross And Microscopic Necropsy Including Brain	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88036	Microscopic Regional Necropsy	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88037	Gross Necropsy Of Organ	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88040	Forensic Necropsy	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88045	Necropsy With Coroner In Attendance	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88099	Unlisted necropsy (autopsy) procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	MOLECULAR GENOMIC	Claim Policies Apply	01/01/11	08/01/16	None
88125	Forensic Cytopathology	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88130	Identification Of Barr Bodies	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88140	Identification Of Polymorphonuclear Drumsticks In Peripheral Blood Smear	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88141	Interpretation Of Cytopathology On Vaginal Smear	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/98	08/01/21	None
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88160	Cytopathology, smears, any other source; screening and interpretation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
88182	Flow cytometry, cell cycle or DNA analysis	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88187	Flow cytometry, interpretation; 2 to 8 markers	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88188	Flow cytometry, interpretation; 9 to 15 markers	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88189	Flow cytometry, interpretation; 16 or more markers	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88199	Unlisted cytopathology procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88230	Tissue culture for non-neoplastic disorders; lymphocyte	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88239	Tissue culture for neoplastic disorders; solid tumor	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88240	Cryopreservation, freezing and storage of cells, each cell line	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88241	Thawing and expansion of frozen cells, each aliquot	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88264	Chromosome analysis; analyze 20-25 cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88280	Chromosome analysis; additional karyotypes, each study	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88285	Chromosome analysis; additional cells counted, each study	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88289	Chromosome analysis; additional high resolution study	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88291	Cytogenetics and molecular cytogenetics, interpretation and report	MOLECULAR GENOMIC	Claim Policies Apply	01/01/99	08/01/16	None
88299	Unlisted cytogenetic study	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88300	Level I - Surgical pathology, gross examination only	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88302	Level II - Surgical pathology, gross and microscopic examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88304	Level III - Surgical pathology, gross and microscopic examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88305	Level IV - Surgical pathology, gross and microscopic examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88307	Level V - Surgical pathology, gross and microscopic examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88309	Level VI - Surgical pathology, gross and microscopic examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88311	Decalcification Procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88312	Group I Special Stain For Microorganisms With Interpretation And Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88313	Group Ii Special Stain With Interpretation And Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88314	Histochemical Stain On Frozen Tissue Block	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88319	Group Iii Special Stain For Enzyme Constituents With Interpretation And Report	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88321	Consultation And Report On Referred Slides	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88323	Consultation And Report On Referred Material With Preparation Of Slides	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88325	Comprehensive Consultation With Review Of Records And Specimens And Report On Referred Material	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88329	Intraoperative Pathology Examination	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
88331	Intraoperative Pathology Examination With Frozen Section	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88332	Intraoperative Pathology Examination With Frozen Section	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88333	Intraoperative Cytologic Examination	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
88334	Intraoperative Cytologic Examination	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88348	Electron microscopy, diagnostic	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	NONMOLECULAR	Claim Policies Apply	01/01/16	08/01/21	None
88355	Morphometric analysis; skeletal muscle	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88356	Morphometric analysis; nerve	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88358	Morphometric analysis; tumor (eg, DNA ploidy)	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	MOLECULAR GENOMIC	Claim Policies Apply	01/01/04	08/01/16	None
88362	Nerve Teasing Preparation	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88363	Examination And Selection Of Retrieved Archival Tissue For Molecular Analysis	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/00	08/01/16	None
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/05	08/01/16	None
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	NONMOLECULAR	Claim Policies Apply	01/01/13	08/01/21	None
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	MOLECULAR GENOMIC	Claim Policies Apply	01/01/15	08/01/16	None
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	MOLECULAR GENOMIC	Claim Policies Apply	01/01/02	08/01/16	None
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	MOLECULAR GENOMIC	Claim Policies Apply	01/01/08	08/01/16	None
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/10	08/01/16	None
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/10	08/01/16	None
88399	Unlisted surgical pathology procedure	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
88720	Transcutaneous Measurement Of Total Bilirubin	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
88738	Transcutaneous Measurement Of Hemoglobin (Hgb)	NONMOLECULAR	Claim Policies Apply	01/01/10	08/01/21	None
88740	Transcutaneous Measurement Of Carboxyhemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
88741	Transcutaneous Measurement Of Methemoglobin	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	NONMOLECULAR	Claim Policies Apply	01/01/11	08/01/21	None
89049	Caffeine Halothane Contracture Test (Chct) For Malignant Hyperthermia Susceptibility	NONMOLECULAR	Claim Policies Apply	01/01/06	08/01/21	None
89050	Cell Count On Body Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89051	Cell Count And Differential Count On Body Fluid	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89055	Qualitative Assessment Of Leukocytes In Feces	NONMOLECULAR	Claim Policies Apply	01/01/03	08/01/21	None
89060	Crystal Identification In Tissue Using Light Microscopy With Polarizing Lens Analysis	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89125	Fat Stain Of Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
89160	Microscopic Examination For Meat Fibers In Feces	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89190	Nasal Smear For Eosinophils	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89220	Obtaining Of Sputum Specimen	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
89230	Sweat Collection By Iontophoresis	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
89240	Unlisted miscellaneous pathology test	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
89300	Evaluation Of Sperm Presence	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89310	Semen Analysis With Evaluation Of Sperm Motility And Differential Count	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89320	Evaluation Of Sperm Motility	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89321	Semen Analysis With Evaluation Of Sperm Presence And Motility	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
89322	Semen Analysis With Measurement Of Volume, Sperm Count, Evaluation Of Sperm Motility, And Differential Count Using Strict Morphologic Criteria	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
89325	Antisperm Antibody Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89329	Evaluation Of Sperm Penetration Of Hamster Zona Free Ovum	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89330	Evaluation Of Sperm Penetration Of Cervical Mucus With Spinnbarkeit Test	NONMOLECULAR	Claim Policies Apply	01/01/93	08/01/21	None
89331	Microscopic Examination Of Urine For Sperm	NONMOLECULAR	Claim Policies Apply	01/01/08	08/01/21	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	NONMOLECULAR	Claim Policies Apply	02/01/17	08/01/21	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	NONMOLECULAR	Claim Policies Apply	02/01/17	08/01/21	None
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/13	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/15	08/01/16	None
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	MOLECULAR GENOMIC	Claim Policies Apply	08/01/17	08/01/17	None
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	MOLECULAR GENOMIC	Claim Policies Apply	08/01/17	08/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/18	04/01/18	None
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	MOLECULAR GENOMIC	Requires Prior Authorization	08/01/17	08/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/18	04/01/18	None
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	MOLECULAR GENOMIC	Requires Prior Authorization	08/01/17	08/01/17	None
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome nextgeneration sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	MOLECULAR GENOMIC	Requires Prior Authorization	08/01/17	08/01/17	None
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	NONMOLECULAR	Claim Policies Apply	10/01/20	08/01/21	None
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	MOLECULAR GENOMIC	Claim Policies Apply	08/01/17	08/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	MOLECULAR GENOMIC	Claim Policies Apply	08/01/17	08/01/17	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/17	10/01/17	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/17	10/01/17	None
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'UTR-BM1, CEP 164, 3'-UTR Ropporin, Desmocollin, AURKAIP1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	NONMOLECULAR	Claim Policies Apply	10/01/17	08/01/21	None
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin	MOLECULAR GENOMIC	Claim Policies Apply	10/01/17	10/01/17	None
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLC01B1, VKORC1 and rs12777823)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/18	01/01/18	None
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/18	04/01/18	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/18	04/01/18	None
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0040U	BCR/ABL1 ((t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	MOLECULAR GENOMIC	Claim Policies Apply	04/01/18	04/01/18	None
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	NONMOLECULAR	Claim Policies Apply	04/01/18	08/01/21	None
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	MOLECULAR GENOMIC	Claim Policies Apply	07/01/18	07/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/18	07/01/18	None
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	MOLECULAR GENOMIC	Claim Policies Apply	07/01/18	07/01/18	None
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/18	07/01/18	None
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	NONMOLECULAR	Claim Policies Apply	07/01/18	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/18	07/01/18	None
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/18	07/01/18	None
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome nextgeneration sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/18	07/01/18	None
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	NONMOLECULAR	Claim Policies Apply	07/01/18	08/01/21	None
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	NONMOLECULAR	Claim Policies Apply	07/01/18	08/01/21	None
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	NONMOLECULAR	Claim Policies Apply	07/01/18	08/01/21	None
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
0063U	Neurology (autism), 32 amines by LCMS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
0066U	Placental alpha-micro globulin-1 (PAMG1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	MOLECULAR GENOMIC	Claim Policies Apply	10/01/18	10/01/18	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin fixed paraffin-embedded tissue, algorithm reported as an expression score	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	NONMOLECULAR	Claim Policies Apply	10/01/18	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/18	10/01/18	None
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	NONMOLECULAR	Claim Policies Apply	01/01/19	08/01/21	None
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	NONMOLECULAR	Claim Policies Apply	01/01/19	08/01/21	None
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	NONMOLECULAR	Claim Policies Apply	07/01/19	08/01/21	None
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	NONMOLECULAR	Claim Policies Apply	07/01/19	08/01/21	None
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	NONMOLECULAR	Claim Policies Apply	07/01/19	08/01/21	None
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	MOLECULAR GENOMIC	Claim Policies Apply	07/01/19	07/01/19	None
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous 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])	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
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])	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
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])	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/19	07/01/19	None
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	MOLECULAR GENOMIC	Claim Policies Apply	10/01/19	10/01/19	None
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	MOLECULAR GENOMIC	Claim Policies Apply	10/01/19	10/01/19	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	10/01/19	10/01/19	None
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	NONMOLECULAR	Claim Policies Apply	10/01/19	08/01/21	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous 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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/19	10/01/19	None
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, alpha-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	NONMOLECULAR	Claim Policies Apply	01/01/20	08/01/21	None
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma untargeted next-generation sequencing, report for significant positive pathogens	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	MOLECULAR GENOMIC	Claim Policies Apply	01/01/20	01/01/20	None
0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/20	01/01/20	None
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0166U	Liver disease, 10 biochemical assays (α2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	NONMOLECULAR	Claim Policies Apply	04/01/20	08/01/21	None
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	MOLECULAR GENOMIC	Claim Policies Apply	04/01/20	04/01/20	None
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/20	04/01/20	None
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/20	04/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/20	04/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/20	07/01/20	None
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/20	07/01/20	None
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	NONMOLECULAR	Claim Policies Apply	07/01/20	08/01/21	None
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/20	07/01/20	None
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	NONMOLECULAR	Claim Policies Apply	07/01/20	08/01/21	None
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	NONMOLECULAR	Claim Policies Apply	07/01/20	08/01/21	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/20	07/01/20	None
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3 N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAPP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1-3	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, AChE (acetylcholinesterase [Cartwright blood group]) exon 2	MOLECULAR GENOMIC	Claim Policies Apply	07/01/20	07/01/20	None
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	05/20/20	05/20/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amyloid precursor protein treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	NONMOLECULAR	Claim Policies Apply	10/01/20	08/01/21	None
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	NONMOLECULAR	Claim Policies Apply	10/01/20	08/01/21	None
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	NONMOLECULAR	Claim Policies Apply	10/01/20	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	MOLECULAR GENOMIC	Claim Policies Apply	10/01/20	10/01/20	None
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/20	10/01/20	None
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	MOLECULAR GENOMIC	Claim Policies Apply	10/01/20	10/01/20	None
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	MOLECULAR GENOMIC	Claim Policies Apply	10/01/20	10/01/20	None
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	06/25/20	06/25/20	None
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	NONMOLECULAR	Claim Policies Apply	06/25/20	08/01/21	None
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	08/10/20	08/10/20	None
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	NONMOLECULAR	Claim Policies Apply	08/10/20	08/01/21	None
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	NONMOLECULAR	Claim Policies Apply	01/01/21	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/21	01/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	10/06/20	10/06/20	None
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	MOLECULAR GENOMIC	Claim Policies Apply	10/06/20	10/06/20	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/21	04/01/21	None
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	NONMOLECULAR	Claim Policies Apply	04/01/21	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/21	04/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/21	04/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/21	04/01/21	None
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	NONMOLECULAR	Claim Policies Apply	04/01/21	08/01/21	None
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	NONMOLECULAR	Claim Policies Apply	07/01/21	08/01/21	None
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	NONMOLECULAR	Claim Policies Apply	07/01/21	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/21	07/01/21	None
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	NONMOLECULAR	Claim Policies Apply	07/01/21	08/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/21	07/01/21	None
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)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/21	07/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/21	07/01/21	None
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFβ, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, α-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
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	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/21	10/01/21	None
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	NONMOLECULAR	Claim Policies Apply	10/01/21	10/01/21	None
0423T	Secretory Type II Phospholipase A2 (Spla2-ii)	NONMOLECULAR	Claim Policies Apply	01/01/17	08/01/21	None
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	MOLECULAR GENOMIC	Claim Policies Apply	01/01/18	01/01/18	None
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	NONMOLECULAR	Claim Policies Apply	01/01/20	08/01/21	None
G0027	Semen analysis; presence and/or motility of sperm excluding hühner	NONMOLECULAR	Claim Policies Apply	01/01/95	08/01/21	None
G0103	Prostate cancer screening; prostate specific antigen test (psa)	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	NONMOLECULAR	Claim Policies Apply	04/01/98	08/01/21	None
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	NONMOLECULAR	Claim Policies Apply	04/01/98	08/01/21	None
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	NONMOLECULAR	Claim Policies Apply	01/01/99	08/01/21	None
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	NONMOLECULAR	Claim Policies Apply	07/01/02	08/01/21	None
G0249	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	NONMOLECULAR	Claim Policies Apply	07/01/02	08/01/21	None
G0250	Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	NONMOLECULAR	Claim Policies Apply	07/01/02	08/01/21	None
G0306	Complete cbc, automated (hgb, hct, rbc, wbc, without platelet count) and automated wbc differential count	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
G0307	Complete (cbc), automated (hgb, hct, rbc, wbc; without platelet count)	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
G0327	Colorectal cancer screening; blood-based biomarker	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/21	07/01/21	None
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	NONMOLECULAR	Claim Policies Apply	01/01/09	08/01/21	None
G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening	NONMOLECULAR	Claim Policies Apply	04/01/10	08/01/21	None
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening	NONMOLECULAR	Claim Policies Apply	04/01/10	08/01/21	None
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening	NONMOLECULAR	Claim Policies Apply	04/01/10	08/01/21	None
G0452	Molecular pathology procedure; physician interpretation and report	MOLECULAR GENOMIC	Claim Policies Apply	01/01/13	08/01/16	None
G0472	Hepatitis c antibody screening, for individual at high risk and other covered indication(s)	NONMOLECULAR	Claim Policies Apply	01/01/15	08/01/21	None
G0475	Hiv antigen/antibody, combination assay, screening	NONMOLECULAR	Claim Policies Apply	01/01/16	08/01/21	None
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	MOLECULAR GENOMIC	Claim Policies Apply	01/01/16	08/01/16	None
G0499	Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag), antibodies to hbsag (anti-hbs) and antibodies to hepatitis b core antigen (anti-hbc), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive hbsag result	NONMOLECULAR	Claim Policies Apply	09/28/16	08/01/21	None
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	MOLECULAR GENOMIC	Requires Prior Authorization	08/03/09	08/01/16	None
P2028	Cephalin flocculation, blood	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P2029	Congo red, blood	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P2031	Hair analysis (excluding arsenic)	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P2033	Thymol turbidity, blood	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	NONMOLECULAR	Claim Policies Apply	01/01/92	08/01/21	None
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	NONMOLECULAR	Claim Policies Apply	01/01/92	08/01/21	None
P7001	Culture, bacterial, urine; quantitative, sensitivity study	NONMOLECULAR	Claim Policies Apply	01/01/86	08/01/21	None
P9010	Blood (whole), for transfusion, per unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9011	Blood, split unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9012	Cryoprecipitate, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9016	Red blood cells, leukocytes reduced, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9019	Platelets, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9020	Platelet rich plasma, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9021	Red blood cells, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9022	Red blood cells, washed, each unit	NONMOLECULAR	Claim Policies Apply	01/01/87	08/01/21	None
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
P9031	Platelets, leukocytes reduced, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9032	Platelets, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9033	Platelets, leukocytes reduced, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9034	Platelets, pheresis, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9035	Platelets, pheresis, leukocytes reduced, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9036	Platelets, pheresis, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9038	Red blood cells, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9039	Red blood cells, deglycerolized, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9041	Infusion, albumin (human), 5%, 50 ml	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9044	Plasma, cryoprecipitate reduced, each unit	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
P9045	Infusion, albumin (human), 5%, 250 ml	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
P9046	Infusion, albumin (human), 25%, 20 ml	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
P9047	Infusion, albumin (human), 25%, 50 ml	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
P9050	Granulocytes, pheresis, each unit	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
P9051	Whole blood or red blood cells, leukocytes reduced, cmv-negative, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9052	Platelets, hla-matched leukocytes reduced, apheresis/pheresis, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9053	Platelets, pheresis, leukocytes reduced, cmv-negative, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9056	Whole blood, leukocytes reduced, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9060	Fresh frozen plasma, donor retested, each unit	NONMOLECULAR	Claim Policies Apply	01/01/04	08/01/21	None
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	NONMOLECULAR	Claim Policies Apply	01/01/16	08/01/21	None
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	NONMOLECULAR	Claim Policies Apply	01/01/16	08/01/21	None
P9073	Platelets, pheresis, pathogen-reduced, each unit	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
P9099	Blood component or product not otherwise classified	NONMOLECULAR	Claim Policies Apply	01/01/20	08/01/21	None
P9100	Pathogen(s) test for platelets	NONMOLECULAR	Claim Policies Apply	01/01/18	08/01/21	None
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	NONMOLECULAR	Claim Policies Apply	01/01/92	08/01/21	None
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
Q0112	All potassium hydroxide (koh) preparations	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
Q0114	Fern test	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	NONMOLECULAR	Claim Policies Apply	01/01/94	08/01/21	None
S3600	Stat laboratory request (situations other than s3601)	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (pku); and thyroxine, total)	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
S3630	Eosinophil count, blood, direct	NONMOLECULAR	Claim Policies Apply	01/01/02	08/01/21	None
S3645	Hiv-1 antibody testing of oral mucosal transudate	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
S3650	Saliva test, hormone level; during menopause	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
S3652	Saliva test, hormone level; to assess preterm labor risk	NONMOLECULAR	Claim Policies Apply	01/01/00	08/01/21	None
S3655	Antisperm antibodies test (immunobead)	NONMOLECULAR	Claim Policies Apply	10/01/02	08/01/21	None
S3708	Gastrointestinal fat absorption study	NONMOLECULAR	Claim Policies Apply	01/01/01	08/01/21	None
S3722	Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	NONMOLECULAR	Claim Policies Apply	01/01/12	08/01/21	None
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/07	08/01/16	None
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3841	Genetic testing for retinoblastoma	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3842	Genetic testing for von hippel-lindau disease	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3845	Genetic testing for alpha-thalassemia	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3846	Genetic testing for hemoglobin e beta-thalassemia	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3849	Genetic testing for niemann-pick disease	MOLECULAR GENOMIC	Claim Policies Apply	07/01/03	08/01/16	None
S3850	Genetic testing for sickle cell anemia	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	MOLECULAR GENOMIC	Requires Prior Authorization	07/01/03	08/01/16	None
S3853	Genetic testing for myotonic muscular dystrophy	MOLECULAR GENOMIC	Claim Policies Apply	01/01/04	08/01/16	None
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	MOLECULAR GENOMIC	Requires Prior Authorization	01/01/06	08/01/16	None
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	MOLECULAR GENOMIC	Requires Prior Authorization	10/01/08	08/01/16	None
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/09	08/01/16	None
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/09	08/01/16	None
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	MOLECULAR GENOMIC	Requires Prior Authorization	04/01/09	08/01/16	None
U0001	Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	MOLECULAR GENOMIC	Claim Policies Apply	02/04/20	02/04/20	None
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc	MOLECULAR GENOMIC	Claim Policies Apply	02/04/20	02/04/20	None
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high-throughput technologies as described by CMS-2020-01-R	MOLECULAR GENOMIC	Claim Policies Apply	03/18/20	03/18/20	None
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	MOLECULAR GENOMIC	Claim Policies Apply	03/18/20	03/18/20	None
U0005	Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	MOLECULAR GENOMIC	Claim Policies Apply	01/01/21	01/01/21	None

Procedure Code	Full Description	Program	How Code is Managed	AMA Effective Date	eviCore Effective Date	Termination Date
Footer 1	All codes, including those that require prior authorization as indicated, are subject to claim policies and post-service claim review.					
Footer 2	CPT® copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.					
Footer 3	All procedure codes (81105-81599) included in a multiple procedure code panel are subject to medical necessity review if any code requires prior authorization.					