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Cigna

# Cigna Commercial

## Comprehensive CPT Code Reference for Prior Authorization Across All Programs

***An asterisk indicates that the code may be managed under more than one program.**

1507

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Outpatient Surgery | 43889 | Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 64567 | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 64654 | Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 64910 | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0990T | Transcervical instillation of biodegradable hydrogel materials, intrauterine | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0991T | Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0994T | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0995T | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0999T | Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1000T | Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1001T | Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1003T | Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1008T | Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1009T | Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1025T | Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1037T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1038T | Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1039T | Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting-state functional MRI and mapping of white matter connectivity based on diffusion-weighted MRI relative to brain regions, with physician or other QHP interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 1050T | Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 1084T | Implantation of scaffolding allograft to reinforce the suprachoroidal space | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2048 | Puraply mz, per milligram | Yes | CareCore National | |
| Other Services | Outpatient Surgery | C1607 | Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4243 | Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4398 | Summit ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4399 | Summit fx, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4400 | Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4401 | Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4410 | Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4411 | Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4413 | Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4420 | Nuform, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4422 | A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4423 | Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4424 | Revive ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4436 | Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)” | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4437 | Revival ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4438 | Pretect, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4440 | Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| **Crossover Code for:**<br>• **Primary Program:** Other Services<br>• **Companion Program:** **Musculoskeletal** - Joint / Spine Surgery<br>*(See External Notation column for more details.)* | Joint Surgery | 64999* | Unlisted procedure, nervous system | Yes | CareCore National | This is a crossover code that can be requested under three programs: **MSK Joint**, **MSK Spine Surgery** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCore National platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **Other Services program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal - Pain Management<br>• **Companion Program**: Other Services<br>*(See External Notation column for more details.)* | Other Services | C9807* | Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Pain Management**, please submit your request under the **MSK program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Other Services<br>• **Companion Program:** Musculoskeletal (MSK) - Spine Surgery<br>*(See External Notation column for more details.)* | Outpatient Surgery | 64714* | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** or **Other Services.**<br>• If your request is intended to be used in conjunction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform.** |
| Other Services | Outpatient Surgery | 60661 | Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 60660 | Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0950T | Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 55881 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | 55882 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0601T | Ablation, irreversible electroporation; 1 or more tumors per organ, other than pancreas, including fluoroscopic and ultrasound guidance, when performed, open | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, other than liver or prostate, including imaging guidance, when performed, percutaneous | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15787 | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15786 | Abrasion; single lesion (eg, keratosis, scar) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2020 | Ac5 advanced wound system (ac5) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4395 | Acelagraft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4386 | Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4159 | Affinity, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4150 | Allowrap ds or dry, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 41874 | Alveoloplasty, each quadrant (specify) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4250 | Amnioamp-mp, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4151 | Amnioband or guardian, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4168 | Amnioband, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4227 | Amniocore, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4137 | Amnioexcel, amnioexcel plus or biodexcel, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4139 | Amniomatrix or biodmatrix, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4239 | Amnio-maxx or amnio-maxx lite, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4235 | Amniorepair or altiply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 54125 | Amputation of penis; complete | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4385 | Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15278 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15277 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15276 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15274 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15273 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 15272 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4189 | Artacent ac, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4125 | Arthroflex, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 29804 | Arthroscopy, temporomandibular joint, surgical | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21125 | Augmentation, mandibular body or angle; prosthetic material | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4332 | Axolotl dualgraft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4383 | Axolotl graft ultra, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4331 | Axolotl graft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4138 | Biodfence dryflex, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4140 | Biodfence, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15820 | Blepharoplasty, lower eyelid; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15822 | Blepharoplasty, upper eyelid; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19325 | Breast augmentation with implant | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19318 | Breast reduction | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4236 | Carepatch, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 20910 | Cartilage graft; costochondral | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 20912 | Cartilage graft; nasal septum | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 56805 | Clitoroplasty for intersex state | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69930 | Cochlear device implantation, with or without mastoidectomy | Yes | CareCore National | |
| Other Services | Outpatient Surgery | L8614 | Cochlear device, includes all internal and external components | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4264 | Cocoon membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4229 | Cogenex amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4193 | Coll-e-derm, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4271 | Complete ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4270 | Complete sl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 21050 | Condylectomy, temporomandibular joint | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57292 | Construction of artificial vagina; with graft | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57291 | Construction of artificial vagina; without graft | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4246 | Coretext or protext, per cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 65772 | Corneal relaxing incision for correction of surgically induced astigmatism | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19355 | Correction of inverted nipples | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67911 | Correction of lid retraction | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9809 | Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4170 | Cygnus, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 53865 | Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4166 | Cytal, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4122 | Dermacell, dermacell awm or dermacell awm porous, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | C9358 | Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9360 | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4152 | Dermapure, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4262 | Dual layer impax membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | Yes | CareCore National | |

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| Other Services | Experimental / Investigational | Q4187 | Epicord, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4361 | Epixpress, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4186 | Epifix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4272 | Esano a, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4273 | Esano aaa, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4274 | Esano ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4275 | Esano aca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43257 | Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96921 | Laser treatment, 308-312 nanometer wavelengths, for inflammatory or autoimmune skin diseases (eg, psoriasis); 250 sq cm to 500 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96922 | Laser treatment, 308-312 nanometer wavelengths, for inflammatory or autoimmune skin diseases (eg, psoriasis); over 500 sq cm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 96920 | Laser treatment, 308-312 nanometer wavelengths, for inflammatory or autoimmune skin diseases (eg, psoriasis); total area less than 250 sq cm | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21025 | Excision of bone (eg, for osteomyelitis or bone abscess); mandible | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15835 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15834 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15833 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15832 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0166 | External counterpulsation, per treatment session | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4128 | Flex hd, or allopatch hd, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | C9734 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0479T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21121 | Genioplasty; sliding osteotomy, single piece | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | Q4132 | Grafix core and grafixpl core, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4392 | Grafix duo, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4133 | Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 21215 | Graft, bone; mandible (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Potentially Cosmetic | 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4113 | Graftjacket xpress, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4164 | Helicoll, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 21685 | Hyoid myotomy and suspension | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C2624 | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C1889 | Implantable/insertable device, not otherwise classified | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15777 | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 65785 | Implantation of intrastromal corneal ring segments | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 66683 | Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21088 | Impression and custom preparation; facial prosthesis | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21085 | Impression and custom preparation; oral surgical splint | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q2026 | Injection, radiesse, 0.1 ml | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | Q2028 | Injection, sculptra, 0.5 mg | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0671T | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66183 | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9727 | Insertion of implants into the soft palate; minimum of three implants | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54401 | Insertion of penile prosthesis; inflatable (self-contained) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 51721 | Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19342 | Insertion or replacement of breast implant on separate day from mastectomy | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0968T | Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 64590 | Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4114 | Integra flowable wound matrix, injectable, 1 cc | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0422 | Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session | Yes | CareCore National | |
| Other Services | Outpatient Surgery | G0423 | Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21497 | Interdental wiring, for condition other than fracture | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55980 | Intersex surgery; female to male | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 55970 | Intersex surgery; male to female | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | C1839 | Iris prosthesis | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 65760 | Keratomileusis | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 65710 | Keratoplasty (corneal transplant); anterior lamellar | Yes | CareCore National | |
| Other Services | Outpatient Surgery | A2019 | Kerecis omega3 marigen shield, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4158 | Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 43284 | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0947T | Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21270 | Malar augmentation, prosthetic material | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19300 | Mastectomy for gynecomastia | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19316 | Mastopexy | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4118 | Matristem micromatrix, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4345 | Matrix hd allograft dermis, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4126 | Memoderm, dermaspan, tranzgraft or integuply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 21060 | Meniscectomy, partial or complete, temporomandibular joint | Yes | CareCore National | |
| Other Services | Experimental / Investigational | A2005 | Microlyte matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | C9353 | Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9352 | Microporous collagen implantable tube (neuragen nerve guide), per centimeter length | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31296 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 31297 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4396 | Natalin, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | A2021 | Neomatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4267 | Neostim dl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4266 | Neostim membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4265 | Neostim tl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4389 | Neothelium 4l+, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4388 | Neothelium 4l, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |

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|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | Q4156 | Neox 100 or clarix 100, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4148 | Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4155 | Neoxflo or clarixflo, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9808 | Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19350 | Nipple/areola reconstruction | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4254 | Novafix dl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4160 | Nushield, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4103 | Oasis burn matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4124 | Oasis ultra tri-layer wound matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | Q4102 | Oasis wound matrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 0908T | Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4276 | Orion, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | 1080T | Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21209 | Osteoplasty, facial bones; reduction | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21198 | Osteotomy, mandible, segmental; | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69300 | Otoplasty, protruding ear, with or without size reduction | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4173 | Palingen or palingen xplus, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0956T | Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19371 | Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C9364 | Porcine implant, permacol, per square centimeter | Yes | CareCore National | |
| Other Services | Experimental / Investigational | C8002 | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4222 | Progenamatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | G0555 | Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0808T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0807T | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4196 | Puraply am, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4195 | Puraply, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Potentially Cosmetic | 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21740 | Reconstructive repair of pectus excavatum or carinatum; open | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 21137 | Reduction forehead; contouring only | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19328 | Removal of intact breast implant | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0959T | Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 46707 | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS]) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0960T | Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4192 | Restorigin, 1 cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19370 | Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0957T | Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4180 | Revita, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 30150 | Rhinectomy; partial | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Potentially Cosmetic | 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30420 | Rhinoplasty, primary; including major septal repair | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15828 | Rhytidectomy; cheek, chin, and neck | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15824 | Rhytidectomy; forehead | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4130 | Strattice tm, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Potentially Cosmetic | 11950 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11951 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11952 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 11954 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0980T | Submucosal cryolysis therapy; base of tongue and lingual tonsil only | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0979T | Submucosal cryolysis therapy; soft palate only | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0978T | Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15876 | Suction assisted lipectomy; head and neck | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15879 | Suction assisted lipectomy; lower extremity | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15877 | Suction assisted lipectomy; trunk | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 15878 | Suction assisted lipectomy; upper extremity | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4397 | Summit aaa, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4393 | Surgraft ac, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4394 | Surgraft aca, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4268 | Surgraft ft, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4263 | Surgraft tl, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4269 | Surgraft xt, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 36514 | Therapeutic apheresis; for plasma pheresis | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 32664 | Thoracoscopy, surgical; with thoracic sympathectomy | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 15156 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15157 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15155 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 15151 | Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15152 | Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Other Services | Outpatient Surgery | 15150 | Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 41512 | Tongue base suspension, permanent suture technique | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0951T | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0967T | Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0981T | Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 0933T | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66175 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 66174 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 93799 | Unlisted cardiovascular service or procedure | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21299 | Unlisted craniofacial and maxillofacial procedure | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 91299 | Unlisted diagnostic gastroenterology procedure | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 59897 | Unlisted fetal invasive procedure, including ultrasound guidance, when performed | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 58579 | Unlisted hysteroscopy procedure, uterus | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47379 | Unlisted laparoscopic procedure, liver | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 44979 | Unlisted laparoscopy procedure, appendix | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47579 | Unlisted laparoscopy procedure, biliary tract | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43289 | Unlisted laparoscopy procedure, esophagus | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 44238 | Unlisted laparoscopy procedure, intestine (except rectum) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 38589 | Unlisted laparoscopy procedure, lymphatic system | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 58679 | Unlisted laparoscopy procedure, oviduct, ovary | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 38129 | Unlisted laparoscopy procedure, spleen | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43659 | Unlisted laparoscopy procedure, stomach | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 50949 | Unlisted laparoscopy procedure, ureter | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 58578 | Unlisted laparoscopy procedure, uterus | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 21089 | Unlisted maxillofacial prosthetic procedure | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 21499 | Unlisted musculoskeletal procedure, head | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 22999 | Unlisted procedure, abdomen, musculoskeletal system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 49999 | Unlisted procedure, abdomen, peritoneum and omentum | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 31299 | Unlisted procedure, accessory sinuses | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 66999 | Unlisted procedure, anterior segment of eye | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 46999 | Unlisted procedure, anus | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47999 | Unlisted procedure, biliary tract | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 19499 | Unlisted procedure, breast | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 45399 | Unlisted procedure, colon | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 39599 | Unlisted procedure, diaphragm | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 60699 | Unlisted procedure, endocrine system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43499 | Unlisted procedure, esophagus | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 69399 | Unlisted procedure, external ear | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 67999 | Unlisted procedure, eyelids | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 58999 | Unlisted procedure, female genital system (nonobstetrical) | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 38999 | Unlisted procedure, hemic or lymphatic system | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 69949 | Unlisted procedure, inner ear | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 68899 | Unlisted procedure, lacrimal system | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 31599 | Unlisted procedure, larynx | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 40799 | Unlisted procedure, lips | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 47399 | Unlisted procedure, liver | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 32999 | Unlisted procedure, lungs and pleura | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 55899 | Unlisted procedure, male genital system | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 69799 | Unlisted procedure, middle ear | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 21899 | Unlisted procedure, neck or thorax | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Other Services | Experimental / Investigational | 30999 | Unlisted procedure, nose | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42299 | Unlisted procedure, palate, uvula | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 48999 | Unlisted procedure, pancreas | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 42999 | Unlisted procedure, pharynx, adenoids, or tonsils | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 67299 | Unlisted procedure, posterior segment | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 45999 | Unlisted procedure, rectum | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 42699 | Unlisted procedure, salivary glands or ducts | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 44799 | Unlisted procedure, small intestine | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 43999 | Unlisted procedure, stomach | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 41599 | Unlisted procedure, tongue, floor of mouth | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 31899 | Unlisted procedure, trachea, bronchi | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 53899 | Unlisted procedure, urinary system | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 94799 | Unlisted pulmonary service or procedure | Yes | CareCore National | |
| Other Services | Unlisted Procedure | 99199 | Unlisted special service, procedure or report | Yes | CareCore National | |
| Other Services | Experimental / Investigational | 42140 | Uvulectomy, excision of uvula | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 57110 | Vaginectomy, complete removal of vaginal wall; | Yes | CareCore National | |
| Other Services | Outpatient Surgery | 57335 | Vaginoplasty for intersex state | Yes | CareCore National | |
| Other Services | Potentially Cosmetic | 56620 | Vulvectomy simple; partial | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4162 | Woundex flow, bioskin flow, 0.5 cc | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4163 | Woundex, bioskin, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | Q4234 | Xcellerate, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Other Services | Experimental / Investigational | A2004 | Xcellistem, 1 mg | Yes | CareCore National | |
| Other Services | Experimental / Investigational | Q4253 | Zenith amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure) | Add On | CareCore National | |
| Cardiology | CCTA | 75577 | Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional | Yes | CareCore National | |
| Cardiology | CCTA | C9793 | 3D predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93657 | Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | MR | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | Yes | CareCore National | |
| Cardiology | MR | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | C7557 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Cardiology | Cardiac Catheterization | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93621 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93622 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93620 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93653 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93654 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93619 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93656 | Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33266 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33265 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass | Yes | CareCore National | |
| Cardiology | CID | C1764 | Event recorder, cardiac (implantable) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33267 | Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33269 | Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) | Yes | CareCore National | |
| Cardiology | CID | 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | CID | 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33990 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture | Yes | CareCore National | |
| Cardiology | CID | 33249 | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber | Yes | CareCore National | |
| Cardiology | CID | 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed | Yes | CareCore National | |
| Cardiology | CID | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | Yes | CareCore National | |
| Cardiology | Cardiac Electrophysiology | 93655 | Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | Cardiac Catheterization | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | CareCore National | |
| Cardiology | Nuclear Cardiology | 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; | Yes | CareCore National | |
| Cardiology | Nuclear Cardiology | 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Cardiology | MRI CARDIAC | 0899T | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Cardiology | MRI CARDIAC | 0900T | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Cardiology | Cardiac Surgery | 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33258 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Cardiology | Cardiac Surgery | 93581 | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 93580 | Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 93582 | Percutaneous transcatheter closure of patent ductus arteriosus | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion | Yes | CareCore National | |
| Cardiology | Cardiac Catheterization | 93451 | Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33418 | Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 0806T | Transcatheter superior and/or inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 0805T | Transcatheter superior and/or inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach | Yes | CareCore National | |
| Cardiology | Cardiac Surgery | 33999 | Unlisted procedure, cardiac surgery | Yes | CareCore National | |
| Radiology | MRI | 0648T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ | Experimental / Investigational - Yes | CareCore National | |
| Radiology | MRI | 0649T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Radiology | CPET | 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Radiology | MRI | 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs | Experimental / Investigational - Yes | CareCore National | |
| Radiology | MRI | 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Radiology | MR | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Yes | CareCore National | |
| Radiology | CT | 70471 | Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing | Yes | CareCore National | |
| Radiology | CT | 70491 | Computed tomography, soft tissue neck; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 70490 | Computed tomography, soft tissue neck; without contrast material | Yes | CareCore National | |
| Radiology | CT | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiology | CT | 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | MR | 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 70547 | Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s) | Yes | CareCore National | |
| Radiology | MRA | 70548 | Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s) | Yes | CareCore National | |
| Radiology | MRA | 70549 | Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | CT | 71250 | Computed tomography, thorax, diagnostic; without contrast material | Yes | CareCore National | |
| Radiology | CT | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | MR | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 72125 | Computed tomography, cervical spine; without contrast material | Yes | CareCore National | |
| Radiology | CT | 72126 | Computed tomography, cervical spine; with contrast material | Yes | CareCore National | |
| Radiology | CT | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 72128 | Computed tomography, thoracic spine; without contrast material | Yes | CareCore National | |
| Radiology | CT | 72129 | Computed tomography, thoracic spine; with contrast material | Yes | CareCore National | |
| Radiology | CT | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 72131 | Computed tomography, lumbar spine; without contrast material | Yes | CareCore National | |
| Radiology | CT | 72132 | Computed tomography, lumbar spine; with contrast material | Yes | CareCore National | |
| Radiology | CT | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | MR | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | Yes | CareCore National | |
| Radiology | MR | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | Yes | CareCore National | |
| Radiology | MR | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | Yes | CareCore National | |
| Radiology | MR | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | Yes | CareCore National | |
| Radiology | MR | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | Yes | CareCore National | |
| Radiology | MR | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | Yes | CareCore National | |
| Radiology | MRA | 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | CT | 72192 | Computed tomography, pelvis; without contrast material | Yes | CareCore National | |
| Radiology | CT | 72193 | Computed tomography, pelvis; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | MR | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 73200 | Computed tomography, upper extremity; without contrast material | Yes | CareCore National | |
| Radiology | CT | 73201 | Computed tomography, upper extremity; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | MR | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MR | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiology | MR | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 73700 | Computed tomography, lower extremity; without contrast material | Yes | CareCore National | |
| Radiology | CT | 73701 | Computed tomography, lower extremity; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | MR | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MR | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | Yes | CareCore National | |
| Radiology | MR | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 74150 | Computed tomography, abdomen; without contrast material | Yes | CareCore National | |
| Radiology | CT | 74160 | Computed tomography, abdomen; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | Yes | CareCore National | |
| Radiology | CT | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | CT | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | CT | 74176 | Computed tomography, abdomen and pelvis; without contrast material | Yes | CareCore National | |
| Radiology | CT | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 74178 | Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions | Yes | CareCore National | |
| Radiology | MR | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | Yes | CareCore National | |
| Radiology | MR | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | Yes | CareCore National | |
| Radiology | MRA | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | CareCore National | |
| Radiology | MR | 76390 | Magnetic resonance spectroscopy | Yes | CareCore National | |
| Radiology | MRI | 76391 | Magnetic resonance (eg, vibration) elastography | Yes | CareCore National | |
| Radiology | CT | 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | Yes | CareCore National | |
| Radiology | MR | 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) | Yes | CareCore National | |
| Radiology | BMRI | 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | Yes | CareCore National | |
| Radiology | BMRI | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | Yes | CareCore National | |
| Radiology | BMRI | 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | Yes | CareCore National | |
| Radiology | BMRI | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | Yes | CareCore National | |
| Radiology | MR | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | Yes | CareCore National | |
| Radiology | CPET | 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Yes | CareCore National | |
| Radiology | CPET | 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes | CareCore National | |
| Radiology | CPET | 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes | CareCore National | |
| Radiology | CPET | 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); | Yes | CareCore National | |
| Radiology | CPET | 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | Yes | CareCore National | |
| Radiology | PET | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; | Yes | CareCore National | |
| Radiology | PET | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | Yes | CareCore National | |
| Radiology | PET | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) | Yes | CareCore National | |
| Radiology | PET | 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | Yes | CareCore National | |
| Radiology | PET | 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiology | PET | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | Yes | CareCore National | |
| Radiology | PET | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | Yes | CareCore National | |
| Radiology | PET | 78813 | Positron emission tomography (PET) imaging; whole body | Yes | CareCore National | |
| Radiology | PET | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) | Yes | CareCore National | |
| Radiology | PET | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | Yes | CareCore National | |
| Radiology | PET | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | Yes | CareCore National | |
| Radiology | MR | 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | Yes | CareCore National | |
| Radiology | MR | 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | Yes | CareCore National | |
| Radiology | MR | 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | Yes | CareCore National | |
| Radiology | MR | 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | Yes | CareCore National | |
| Radiology | CT | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | Yes | CareCore National | |
| Radiology | CT | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | Yes | CareCore National | |
| Radiology | CT | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | Yes | CareCore National | |
| Radiology | CT | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission | Yes | CareCore National | |
| Radiology | CT | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability | Yes | CareCore National | |
| Radiology | CT | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report | Yes | CareCore National | |
| Radiology | MRI | 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | Yes | CareCore National | |
| Radiology | MRI | 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Radiology | MRA | C8900 | Magnetic resonance angiography with contrast, abdomen | Yes | CareCore National | |
| Radiology | MRA | C8901 | Magnetic resonance angiography without contrast, abdomen | Yes | CareCore National | |
| Radiology | MRA | C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | Yes | CareCore National | |
| Radiology | MR | C8903 | Magnetic resonance imaging with contrast, breast; unilateral | Yes | CareCore National | |
| Radiology | MR | C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | Yes | CareCore National | |
| Radiology | MR | C8906 | Magnetic resonance imaging with contrast, breast; bilateral | Yes | CareCore National | |
| Radiology | MR | C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | Yes | CareCore National | |
| Radiology | MRA | C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | Yes | CareCore National | |
| Radiology | MRA | C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | Yes | CareCore National | |
| Radiology | MRA | C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | Yes | CareCore National | |
| Radiology | MRA | C8912 | Magnetic resonance angiography with contrast, lower extremity | Yes | CareCore National | |
| Radiology | MRA | C8913 | Magnetic resonance angiography without contrast, lower extremity | Yes | CareCore National | |
| Radiology | MRA | C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | Yes | CareCore National | |
| Radiology | MRA | C8918 | Magnetic resonance angiography with contrast, pelvis | Yes | CareCore National | |
| Radiology | MRA | C8919 | Magnetic resonance angiography without contrast, pelvis | Yes | CareCore National | |
| Radiology | MRA | C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis | Yes | CareCore National | |
| Radiology | MRA | C8935 | Magnetic resonance angiography without contrast, upper extremity | Yes | CareCore National | |
| Radiology | MRA | C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity | Yes | CareCore National | |
| Radiology | BMRI | C8937 | Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure) | Add On | CareCore National | |
| Radiology | PET | G0219 | PET Imaging Whole Body; Melanoma For Non-Covered Indications | Yes | CareCore National | |
| Radiology | PET | G0235 | PET Imaging, Any Site, Not Otherwise Specified | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiology | PET | G0252 | Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) | Yes | CareCore National | |
| Radiology | MR | S8037 | Magnetic resonance cholangiopancreatography (mrcp) | Yes | CareCore National | |
| Radiology | CT | S8092 | Electron beam computed tomography (also known as ultrafast ct, cine ct) | Yes | CareCore National | |
| Radiology | MRA | C8931 | Magnetic resonance angiography with contrast, spinal canal and contents | Yes | CareCore National | |
| Radiology | MRA | C8932 | Magnetic resonance angiography without contrast, spinal canal and contents | Yes | CareCore National | |
| Radiology | MRA | C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents | Yes | CareCore National | |
| Radiology | MRA | C8934 | Magnetic resonance angiography with contrast, upper extremity | Yes | CareCore National | |
| Radiology | MRI | C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62287 | Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed | Yes | CareCore National | |
| **Crossover Code for:**<br>• **Primary Program:** Other Services<br>• **Companion Program:** **Musculoskeletal** - Joint / Spine Surgery<br>*(See External Notation column for more details.)* | Spine Surgery | 64999* | Unlisted procedure, nervous system | Yes | CareCore National | This is a crossover code that can be requested under three programs: **MSK Joint**, **MSK Spine Surgery** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **Other Services program** through the **CareCoreNational platform**. |
| Musculoskeletal | Spine Surgery | 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22855 | Removal of anterior instrumentation | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0657T | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | C2614 | Probe, percutaneous lumbar discectomy | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 20931 | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22554 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2 | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22585 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22558 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22551 | Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2 | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22533 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Spine Surgery | 22534 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22632 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22600 | Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22614 | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22612 | Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22610 | Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 27278 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20936 | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 20937 | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 20938 | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20975 | Electrical Stimulation To Aid Bone Healing; Invasive (Operative) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62380 | Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62290 | Injection procedure for discography, each level; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22867 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22869 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22854 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22859 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | C1821 | Interspinous process distraction device (implantable) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63001 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63005 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63015 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Spine Surgery | 63017 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63016 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63048 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63044 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63042 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63020 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63030 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22505 | Manipulation of spine requiring anesthesia, any region | Experimental / Investigational - Yes | CareCore National | |
| **Crossover Code for:**<br><br>• **Primary Program:** DME / O&P<br>• **Companion Program:** Musculoskeletal (MSK) - Spine Surgery<br><br>*(See External Notation column for more details.)* | Spine Surgery | E0748* | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** and **DME**<br>• If your request is intended to be used in conjuction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be **DME**, please submit your request under the **DME program** through the **CareCoreNational platform**. |
| Musculoskeletal | Spine Surgery | 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22513 | Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imgaing Guidance; Thoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22514 | Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22510 | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Spine Surgery | 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22511 | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22844 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22842 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22843 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22852 | Removal of posterior segmental instrumentation | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0098T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22861 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22862 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22857 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22856 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63057 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63056 | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63082 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63081 | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | Yes | CareCore National | |
| **Crossover Code for:**<br><br>• **Primary Program:** Other Services<br>• **Companion Program:** Musculoskeletal (MSK) - Spine Surgery<br><br>*(See External Notation column for more details.)* | Spine Surgery | 64714* | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** or **Other Services**.<br><br>• If your request is intended to be used in conjunction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **Other Services only**, please submit your request under the **Other Services program** through the **CareCoreNational platform**. |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Spine Surgery<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | 64568* | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator (excluding hypoglossal nerve) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** or **Sleep Management**.<br>• If your request is intended to be used in conjunction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **Sleep Managment only**, please submit your request under the **Sleep Management** program through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Spine Surgery<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Spine Surgery | 64568* | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator (excluding hypoglossal nerve) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** or **Sleep Management**.<br>• If your request is intended to be used in conjunction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **Sleep Managment only**, please submit your request under the **Sleep Management** program through the **CareCoreNational platform**. |
| Musculoskeletal | Spine Surgery | 0869T | Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed | Experimental / Investigational - Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Spine Surgery | 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22849 | Reinsertion of spinal fixation device | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0656T | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 1092T | Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into chondral defect, open | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 1093T | Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into a chondral or osteochondral defect, arthroscopic | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 1094T | Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; each additional acellular scaffold implantation (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 1095T | Harvesting and processing of autologous bone marrow aspirate concentrate (BMAC), with application onto scaffold or injection into anatomical recipient site (eg, subchondral bone, joint space, chondral lesion), including imaging guidance, when performed, for therapeutic musculoskeletal treatment, excluding spinal procedures | Yes | CareCore National | |
| | | | | | | |
| Musculoskeletal | Spine Surgery | C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | J7330 | Autologous cultured chondrocytes, implant | Yes | CareCore National | |
| **Crossover Code for:**<br>• **Primary Program:** Other Services<br>• **Companion Program:** **Musculoskeletal** - Joint / Spine Surgery<br>*(See External Notation column for more details.)* | Other Services | 64999* | Unlisted procedure, nervous system | Yes | CareCore National | This is a crossover code that can be requested under three programs: **MSK Joint**, **MSK Spine Surgery** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **Other Services program** through the **CareCoreNational platform**. |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Joint Surgery | 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22899 | Unlisted procedure, spine | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | S2117 | Arthroereisis, subtalar | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27703 | Arthroplasty, ankle; revision, total ankle | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27702 | Arthroplasty, ankle; with implant (total ankle) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27442 | Arthroplasty, femoral condyles or tibial plateau(s), knee; | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27443 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23472 | Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)] | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27440 | Arthroplasty, knee, tibial plateau | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27438 | Arthroplasty, patella; with prosthesis | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29851 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29850 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29856 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29855 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29915 | Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29914 | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29916 | Arthroscopy, hip, surgical; with labral repair | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29863 | Arthroscopy, hip, surgical; with synovectomy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29870 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Joint Surgery | 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29874 | Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body ( Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29873 | Arthroscopy, knee, surgical; with lateral release | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29880 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29881 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Joint Surgery | 29824 | Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29825 | Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27403 | Arthrotomy with meniscus repair, knee | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27333 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27335 | Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 0717T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Joint Surgery | 0718T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27412 | Autologous chondrocyte implantation, knee | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23020 | Capsular contracture release (eg, Sever type procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23460 | Capsulorrhaphy, anterior, any type; with bone block | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23462 | Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23455 | Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23120 | Claviculectomy; partial | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27198 | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23415 | Coracoacromial ligament release, with or without acromioplasty | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23145 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27355 | Excision or curettage of bone cyst or benign tumor of femur; | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27356 | Excision or curettage of bone cyst or benign tumor of femur; with allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27357 | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27358 | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Joint Surgery | 23155 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 28890 | Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | L8642 | Hallux implant | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27125 | Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | C8003 | Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 0707T | Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 0335T | Insertion of sinus tarsi implant | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27425 | Lateral retinacular release, open | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27428 | Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27429 | Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27860 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 24300 | Manipulation, elbow, under anesthesia | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27275 | Manipulation, hip joint, requiring general anesthesia | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 25259 | Manipulation, wrist, under anesthesia | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Joint Surgery | L8641 | Metatarsal joint implant | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Joint Surgery | 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27415 | Osteochondral allograft, knee, open | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27360 | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27422 | Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure) | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27424 | Reconstruction Of Dislocating Patella;With Patellectomy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23000 | Removal of subdeltoid calcareous deposits, open | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23412 | Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open;Chronic | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23440 | Resection or transplantation of long tendon of biceps | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27138 | Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27486 | Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23174 | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23172 | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23430 | Tenodesis of long tendon of biceps | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27175 | Treatment of slipped femoral epiphysis; by traction, without reduction | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27299 | Unlisted procedure, pelvis or hip joint | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 23929 | Unlisted procedure, shoulder | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 29999 | Unlisted procedure, arthroscopy | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27599 | Unlisted procedure, femur or knee | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 27899 | Unlisted procedure, leg or ankle | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 28899 | Unlisted procedure, foot or toes | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 25999 | Unlisted procedure, forearm or wrist | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 26989 | Unlisted procedure, hands or fingers | Yes | CareCore National | |
| Musculoskeletal | Joint Surgery | 24999 | Unlisted procedure, humerus or elbow | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Joint Surgery | 20999 | Unlisted procedure, musculoskeletal system, general | Yes | CareCore National | |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal - Pain Management<br>• **Companion Program**: Other Services<br>*(See External Notation column for more details.)* | Interventional Pain Management | C9807* | Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Other Services**.<br>• If your request is intended to be used for **Other Services**, please submit your request under the **Other Services program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Pain Management**, please submit your request under the **MSK program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | L8688* | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain,** please submit your request under the **MSK Pain Management program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | L8688* | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain,** please submit your request under the **MSK Pain Management program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | C1767* | Generator, neurostimulator (implantable), non-rechargeable | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain,** please submit your request under the **MSK Pain Management program** through the **CareCoreNational platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | C1767* | Generator, neurostimulator (implantable), non-rechargeable | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management.**<br>• If your request is intended to be used for **Sleep Management** only, please submit your request under the **Sleep Management program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain program** through the **CareCoreNational platform**. |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | C1778* | Lead, neurostimulator (implantable) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | C1778* | Lead, neurostimulator (implantable) | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management** only, please submit your request under the **Sleep Management program** through the **CareCore National platform**.<br>• If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain program** through the **CareCore National platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | C1787* | Patient programmer, neurostimulator | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management.**<br>• If your request is intended to be used for **Sleep Management** only, please submit your request under the **Sleep Management program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain program** through the **CareCore National platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | C1787* | Patient programmer, neurostimulator | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **CareCore National platform**. |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | L8680* | Implantable neurostimulator electrode, each | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management.**<br>• If your request is intended to be used for **Sleep Management** only, please submit your request under the **Sleep Management program** through the **CareCoreNational platform.**<br>• If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain program** through the **CareCore National platform**. |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | L8681* | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **CareCore National platform**. |
| Musculoskeletal | Interventional Pain Management | C1772 | Infusion pump, programmable (implantable) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | C1816 | Receiver and/or transmitter, neurostimulator (implantable) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | C1883 | Adapter/extension, pacing lead or neurostimulator lead (implantable) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | C1897 | Lead, neurostimulator test kit (implantable) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8679 | Implantable neurostimulator, pulse generator, any type | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8682 | Implantable neurostimulator radiofrequency receiver | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | Yes | CareCore National | |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Interventional Pain Management | L8686* | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **CareCore National platform**. |
| Musculoskeletal | Interventional Pain Management | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 1057T | Insertion or replacement of subcutaneous neurostimulator pulse generators, with tunneling of 4 electrode arrays, bilateral supraorbital and occipital nerves, including all interrogation, programming, and imaging guidance, when performed | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | L8695 | External recharging system for battery (external) for use with implantable neurostimulator, replacement only | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Interventional Pain Management | 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62263 | Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62264 | Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62280 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62281 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62350 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62351 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64479 | Injection, Anesthetic Agent And/Or Steroid;  Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Cervical Or Thoracic, Single Level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64483 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Lumbar Or Sacral, Single Level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64484 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64490 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64492 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64494 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64510 | Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64520 | Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Musculoskeletal | Interventional Pain Management | 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64635 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 64636 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Musculoskeletal | Interventional Pain Management | G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography | Yes | CareCore National | |
| GI | EGD | 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy | Yes | CareCore National | |
| GI | EGD | 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | Yes | CareCore National | |
| GI | EGD | 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | Yes | CareCore National | |
| GI | EGD | 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | Yes | CareCore National | |
| GI | EGD | 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple | Yes | CareCore National | |
| GI | EGD | 43241 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter | Yes | CareCore National | |
| GI | EGD | 43243 | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices | Yes | CareCore National | |
| GI | EGD | 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices | Yes | CareCore National | |
| GI | EGD | 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) | Yes | CareCore National | |
| GI | EGD | 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) | Yes | CareCore National | |
| GI | EGD | 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire | Yes | CareCore National | |
| GI | EGD | 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) | Yes | CareCore National | |
| GI | EGD | 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | Yes | CareCore National | |
| GI | EGD | 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | Yes | CareCore National | |
| GI | EGD | 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection | Yes | CareCore National | |
| GI | EGD | 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method | Yes | CareCore National | |
| GI | EGD | 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | Yes | CareCore National | |
| GI | EGD | 43270 | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 1081T | Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; initial anastomosis | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 1082T | Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; each additional anastomosis (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 1091T | Placement of permanent common carotid artery filter, percutaneous, bilateral, including ultrasound guidance, when performed | Experimental / Investigational - Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 1099T | Ablation of incompetent vein(s), extremity, transcutaneous, high intensity–focused ultrasound (HIFU), inclusive of all imaging guidance and monitoring | Experimental / Investigational - Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| GI | AVEGD | 43497 | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM]) | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37254 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37255 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37256 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37257 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37258 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37259 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37260 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37261 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Intravascular Lithotripsy - Iliac | 37262 | Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37263 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37264 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37265 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37266 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37267 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37268 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37269 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37270 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Atherectomy | 37271 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37272 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Atherectomy | 37273 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37274 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Atherectomy | 37275 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37276 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Atherectomy | 37277 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37278 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Intravascular Lithotripsy - Femoral and Popliteal | 37279 | Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37280 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Vascular Interventions | Tibial Arterial Interventions (LE) | 37281 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37282 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37283 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37284 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37285 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37286 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37287 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37288 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37289 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37290 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37291 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37292 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37293 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | - Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Vascular Interventions | Tibial Arterial Interventions (LE) | 37294 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37295 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | 37296 | Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | 37297 | Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | 37298 | Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | 37299 | Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 61624 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord) | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous | Experimental / Investigational - Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Venous Interventions | 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Venous Interventions | 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Venous Interventions | 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | -<br>Add On | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Vascular Interventions | Venous Interventions | 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36471 | Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37718 | Ligation, division, and stripping, short saphenous vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37799 | Unlisted procedure, vascular surgery | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37239 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Venous Interventions | 37248 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37249 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure) | Add On | CareCore National | |
| Vascular Interventions | Vascular Embolization | 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) | Yes | CareCore National | |
| Vascular Interventions | Vascular Embolization | 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) | Yes | CareCore National | |
| Vascular Interventions | Vascular Embolization | 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation | Yes | CareCore National | |
| Vascular Interventions | Aortic Dissection/Aneurysm Repair | 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral | Experimental / Investigational - Yes | CareCore National | |
| Vascular Interventions | Vascular Embolization | 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | Experimental / Investigational - Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | Experimental / Investigational - Yes | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed | Experimental / Investigational - Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 01-Brachy | 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 01-Brachy | 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 77436 | Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting | No - Claim Policies Apply | CareCore National | CMS Addition Effective 01/01/26 |
| Radiation Oncology | 19-Delivery | 77437 | Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy) | Yes | CareCore National | CMS Addition Effective 01/01/26 |
| Radiation Oncology | 19-Delivery | 77438 | Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction | Yes | CareCore National | CMS Addition Effective 01/01/26 |
| Radiation Oncology | 19-Delivery | 77439 | Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure) | Add On | CareCore National | CMS Addition Effective 01/01/26 |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Radiation Oncology | 01-Brachy | 77761 | Intracavitary radiation source application; simple | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77762 | Intracavitary radiation source application; intermediate | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77763 | Intracavitary radiation source application; complex | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77789 | Surface application of low dose rate radionuclide source | Yes | CareCore National | |
| Radiation Oncology | 01-Brachy | 77790 | Supervision, handling, loading of radiation source | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 01-Brachy | 77799 | Unlisted procedure, clinical brachytherapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 01-Brachy | C9726 | Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effecitve 01/01/19 |
| Radiation Oncology | 01-Brachy | G0458 | Low dose rate (ldr) prostate brachytherapy services, composite rate | Yes | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | | 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance | No - Claim Policies Apply | CareCore National | AMA Addition Effective 01/01/2023 |
| Radiation Oncology | | 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan | No - Claim Policies Apply | CareCore National | AMA Addition Effective 01/01/2023 |
| Radiation Oncology | | 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | Yes | CareCore National | AMA Addition Effective 01/01/2023 |
| Radiation Oncology | | 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | | 63621 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 03-Stereo | 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | Yes | CareCore National | |
| Radiation Oncology | 03-Stereo | 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | Yes | CareCore National | |
| Radiation Oncology | 03-Stereo | 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | Yes | CareCore National | |
| Radiation Oncology | 03-Stereo | 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 03-Stereo | 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 03-Stereo | G0339 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | Yes | CareCore National | |
| Radiation Oncology | 03-Stereo | G0340 | Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment | Yes | CareCore National | |
| Radiation Oncology | 05-IMRT | 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 05-IMRT | 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 07-Neutron | 77423 | High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | Yes | CareCore National | |
| Radiation Oncology | 09-IORT | 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 09-IORT | 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | Yes | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 09-IORT | 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | Yes | CareCore National | |
| Radiation Oncology | 09-IORT | 77469 | Intraoperative radiation treatment management | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 11-Proton | 77520 | Proton treatment delivery; simple, without compensation | Yes | CareCore National | |
| Radiation Oncology | 11-Proton | 77522 | Proton treatment delivery; simple, with compensation | Yes | CareCore National | |
| Radiation Oncology | 11-Proton | 77523 | Proton treatment delivery; intermediate | Yes | CareCore National | |
| Radiation Oncology | 11-Proton | 77525 | Proton treatment delivery; complex | Yes | CareCore National | |
| Radiation Oncology | 11-Proton | S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 15-Management | 77427 | Radiation treatment management, 5 treatments | No - Claim Policies Apply | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiation Oncology | 15-Management | 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 15-Management | 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 15-Management | 77499 | Unlisted procedure, therapeutic radiology treatment management | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77261 | Therapeutic radiology treatment planning; simple | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77262 | Therapeutic radiology treatment planning; intermediate | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77263 | Therapeutic radiology treatment planning; complex | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77280 | Therapeutic radiology simulation-aided field setting; simple | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77285 | Therapeutic radiology simulation-aided field setting; intermediate | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77290 | Therapeutic radiology simulation-aided field setting; complex | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 17-planning | 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 19-Delivery | 77402 | Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed | Yes | CareCore National | |
| Radiation Oncology | 19-Delivery | 77407 | Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed | Yes | CareCore National | |
| Radiation Oncology | 19-Delivery | 77412 | Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed | Yes | CareCore National | |
| Radiation Oncology | 19-Delivery | 77417 | Therapeutic radiology port image(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 21-Guidance | 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | Yes | CareCore National | |
| Radiation Oncology | 23-Devices | 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77300 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77321 | Special teletherapy port plan, particles, hemibody, total body | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77336 | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77370 | Special medical radiation physics consultation | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 23-Devices | 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 25-Radiopharm | 79005 | Radiopharmaceutical therapy, by oral administration | Yes | CareCore National | |
| Radiation Oncology | 25-Radiopharm | 79101 | Radiopharmaceutical therapy, by intravenous administration | Yes | CareCore National | EviCore Radiation Oncology Program Effective 01/01/19 Addition |
| Radiation Oncology | 25-Radiopharm | A9513 | Lutetium lu 177, dotatate, therapeutic, 1 millicurie | Yes | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 25-Radiopharm | A9606 | Radium ra-223 dichloride, therapeutic, per microcurie | Yes | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 25-Radiopharm | A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | Yes | CareCore National | |
| Radiation Oncology | 25-Radiopharm | A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | Yes | CareCore National | |
| Radiation Oncology | 25-Radiopharm | C2616 | Brachytherapy source, non-stranded, yttrium-90, per source | Yes | CareCore National | |
| Radiation Oncology | 25-Radiopharm | S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Radiation Oncology | 27-Associated | 19296 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 19297 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 19298 | Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 41019 | Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 49411 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 49412 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 58346 | Insertion of Heyman capsules for clinical brachytherapy | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 27-Associated | 76965 | Ultrasonic guidance for interstitial radioelement application | No - Claim Policies Apply | CareCore National | |
| Radiation Oncology | 29-Neuro | 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 29-Neuro | 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 29-Neuro | 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 29-Neuro | 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| Radiation Oncology | 29-Neuro | 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | No - Claim Policies Apply | CareCore National | EviCore Radiation Oncology Program Addition Effective 01/01/19 |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | L8680* | Implantable neurostimulator electrode, each | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management.**<br>• If your request is intended to be used for **Sleep Management** only, please submit your request under the **Sleep Management program** through the **CareCoreNational platform.**<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **CareCore National platform.** |
| **Crossover Code for:**<br>• **Primary Program:** Musculoskeletal (MSK) - Pain Management<br>• **Companion Program:** Sleep Management<br>*(See External Notation column for more details.)* | Sleep Management | L8681* | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Pain Management** or **Sleep Management**.<br>• If your request is intended to be used for **Sleep Management only**, please submit your request under the **Sleep Management program** through the **CareCoreNational platform**.<br>•If your request is intended to be used for **MSK Pain**, please submit your request under the **MSK Pain Management program** through the **CareCore National platform**. |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Crossover Code for:<br>• Primary Program: Musculoskeletal (MSK) - Pain Management<br>• Companion Program: Sleep Management<br>(See External Notation column for more details.) | Sleep Management | L8686* | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | Yes | CareCore National | This is a crossover code that can be requested under two programs: MSK Pain Management or Sleep Management.<br>• If your request is intended to be used for Sleep Management only, please submit your request under the Sleep Management program through the CareCoreNational platform.<br>•If your request is intended to be used for MSK Pain, please submit your request under the MSK Pain Management program through the CareCoreNational platform. |
| Sleep | Sleep Management | C8007 | Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array | Yes | CareCore National | |
| Sleep | Sleep Management | C8011 | Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components | Yes | CareCore National | |
| Sleep | Sleep Management | E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | Yes | CareCore National | |
| Sleep | Sleep Management | E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | Yes | CareCore National | |
| Sleep | Sleep Testing | 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | Yes | CareCore National | |
| Sleep | Sleep Testing | 95783 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist | Yes | CareCore National | |
| Sleep | Sleep Testing | 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | Yes | CareCore National | |
| Sleep | Sleep Testing | 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | Yes | CareCore National | |
| Sleep | Sleep Testing | 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | Yes | CareCore National | |
| Sleep | Sleep Testing | 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | Yes | CareCore National | |
| Sleep | Sleep Testing | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist | Yes | CareCore National | |
| Sleep | Experimental / Investigational | 41530 | Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session | Yes | CareCore National | |
| Sleep | Sleep Management | 42975 | Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic | Yes | CareCore National | |
| Sleep | Sleep Management | 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L1844 | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L1846 | Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L7007 | Electric hand, switch or myoelectric controlled, adult | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L7259 | Electronic wrist rotator, any type | Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | S1040 | Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Durable Medical Equipment | VENTILATORS | E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | Yes | CareCore National | |
| Durable Medical Equipment | VENTILATORS | E0467 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | Yes | CareCore National | |
| Durable Medical Equipment | VENTILATORS | E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | Yes | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0627 | Seat lift mechanism, electric, any type | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0637 | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0640 | Patient lift, fixed system, includes all components/accessories | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0641 | Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric | Yes | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0677 | Non-pneumatic sequential compression garment, trunk | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0683 | Non-pneumatic, non-sequential, peristaltic wave compression pump | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0721 | Transcutaneous electrical nerve stimulator for nerves in the auricular region | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | E0739 | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | NEUROMUSCULAR ELECTRICAL STIMULATORS | E0767 | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | Yes | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0899 | Power mobility device, not coded by dme pdac or does not meet criteria | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | K1007 | Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5827 | Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | Yes | CareCore National | |
| Durable Medical Equipment | DME | E0678 | Non-pneumatic sequential compression garment, full leg | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | DME | E0679 | Non-pneumatic sequential compression garment, half leg | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | DME | E0680 | Non-pneumatic compression controller with sequential calibrated gradient pressure | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | DME | E0682 | Non-pneumatic sequential compression garment, full arm | Experimental / Investigational - Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| **Crossover Code for:**<br><br>**• Primary Program:** DME / O&P<br>**• Companion Program:** Musculoskeletal (MSK) - Spine Surgery<br><br>*(See External Notation column for more details.)* | Osteogenesis stimulators | E0748* | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Yes | CareCore National | This is a crossover code that can be requested under two programs: **MSK Spine Surgery** and **DME**<br>• If your request is intended to be used in conjuction with **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be **DME**, please submit your request under the **DME program** through the **CareCoreNational platform**. |
| **Crossover Code for**:<br>**• Primary Program: Musculoskeletal - Joint Surgery**<br>**• Companion Program**: Durable Medical Equipment, Spine Surgery<br>(See External Notation column for more details.) | Spine Surgery | E0760* | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | CareCore National | This is a crossover code that can be requested under three programs: **Durable Medical Equipment**, **MSK Spine Surgery** or **MSK Joint Surgery**.<br>• If your request is intended to be used for **Durable Medical Equipment**, please submit your request under the **Durable Medical Equipment program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **MSK Joint** through the **CareCore National platform**. |
| **Crossover Code for**:<br>**• Primary Program: Musculoskeletal - Joint Surgery**<br>**• Companion Program**: Durable Medical Equipment, Spine Surgery<br>(See External Notation column for more details.) | Osteogenesis stimulators | E0760* | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | CareCore National | This is a crossover code that can be requested under three programs: **Durable Medical Equipment**, **MSK Spine Surgery** or **MSK Joint Surgery**.<br>• If your request is intended to be used for **Durable Medical Equipment**, please submit your request under the **Durable Medical Equipment program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **MSK Joint** through the **CareCore National platform**. |
| **Crossover Code for**:<br>**• Primary Program: Musculoskeletal - Joint Surgery**<br>**• Companion Program**: Durable Medical Equipment, Spine Surgery<br>(See External Notation column for more details.) | Joint Surgery | E0760* | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | CareCore National | This is a crossover code that can be requested under three programs: **Durable Medical Equipment**, **MSK Spine Surgery** or **MSK Joint Surgery**.<br>• If your request is intended to be used for **Durable Medical Equipment**, please submit your request under the **Durable Medical Equipment program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Spine Surgery**, please submit your request under the **MSK Spine program** through the **CareCoreNational platform**.<br>• If your request is intended to be used for **MSK Joint Surgery**, please submit your request under the **MSK Joint** through the **CareCore National platform**. |
| Durable Medical Equipment | VENTILATORS | E0481 | Intrapulmonary percussive ventilation system and related accessories | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | E1399 | Durable medical equipment, miscellaneous | Experimental / Investigational - Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Durable Medical Equipment | O&P Only | L2006 | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | Orthotics and Prosthetics | L2221 | Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source | Yes | CareCore National | |
| Durable Medical Equipment | Unlisted Procedure | L5999 | Lower extremity prosthesis, not otherwise specified | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6700 | Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement | Experimental / Investigational - Yes | CareCore National | |
| Durable Medical Equipment | Unlisted Procedure | L8499 | Unlisted procedure for miscellaneous prosthetic services | Yes | CareCore National | |
| Home Health | Home Health | 99512 | Home visits for hemodialysis | Yes | CareCore National | Intake Only |
| Home Health | Home Health | H0045 | Respite care services, not in the home, per diem | Yes | CareCore National | Intake Only |
| Home Health | Home Health | S5150 | Unskilled respite care, not hospice, per 15 minutes | Yes | CareCore National | Intake Only |
| Home Health | Home Health | S5151 | Unskilled respite care, not hospice, per diem | Yes | CareCore National | Intake Only |
| Home Health | Home Health | S9122 | Home health aide or certified nurse assistant, providing care in the home, per hour | Yes | CareCore National | Intake Only |
| Home Health | Home Health | T1005 | Respite care services, up to 15 minutes | Yes | CareCore National | Intake Only |
| Home Health | Home Health | T2044 | Hospice inpatient respite care; per diem | Yes | CareCore National | Intake Only |
| Home Health | Home Health | S9123 | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used) | Yes | CareCore National | Intake Only |
| Home Health | Home Health | S9124 | Nursing care, in the home; by licensed practical nurse, per hour | Yes | CareCore National | Intake Only |
| Home Health | Home Health | T1000 | Private duty / independent nursing service(s) - licensed, up to 15 minutes | Yes | CareCore National | Intake Only |
| Musculoskeletal | Interventional Pain Management | E0782 | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | E0785 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement | Yes | CareCore National | |
| Musculoskeletal | Interventional Pain Management | E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0631U | Northstar Select CH (Clonal Hematopoiesis), a lab test done to detect the presence of gene errors in the blood that are not caused by cancer | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0632U | UNITY Fetal RhD (Rhesus D) NIPT (Non-Invasive Prenatal Testing), a lab test done on a sample of the mother's blood during pregnancy to look for differences between the blood types of the mother and the baby | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0634U | GeneStrat® ESR1, lab test done to look for errors in a gene that can be seen in certain cancers and can cause problems with how the body processes the hormone estrogen | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0641U | PredicineBEACON Baseline, an initial lab test that looks for certain gene findings that can be linked to a cancer and can be used with other tests done later to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0642U | PredicineBEACON MRD (Longitudinal), a lab test that looks for cancer cells in the blood to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0644U | FusionMRD™ Baseline, an initial lab test that looks for certain gene findings that can be linked to a cancer and can be used with other tests done later to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0645U | FusionMRD™ Monitoring, a lab test that looks for cancer cells in the blood to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0646U | Plasma Detect Genome MRD – Baseline, an initial lab test that looks for certain gene findings that can be linked to a cancer and can be used with other tests done later to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0647U | Plasma Detect Genome MRD – Monitoring, a lab test that looks for cancer cells in the blood to see if a person still has signs of cancer after treatment | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0651U | OncoDx™ (Hereditary Germline Cancer Genetics Panel), a lab test done to look for gene errors that can cause high risks for certain cancers | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0653U | RenaXome™ (Renal Disease Whole Exome Sequencing), a lab test done to look for errors in the parts of all the genes that make proteins and can cause kidney disease | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0657U | GenomeDx Rapid, Comparator, a lab test that compares genome results between family members and reports results faster than with standard testing | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0658U | GenomeDx Rapid, Proband, a lab test that looks for errors in the genome and reports results faster than with standard testing | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0659U | GenomeDx ultraRapid, Proband, a lab test that looks for errors in the genome and reports results much faster than with standard testing | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0663U | Obstetrics (fetal platelet antigen noninvasive prenatal test [NIPT]), cell-free DNA (cfDNA) sequence analysis for detection of fetal presence or absence of 1 human platelet antigen or more (HPA-1a, HPA-1b, HPA-3a, HPA-5b, and others) when performed, reported as maternal/fetal incompatibility detected or not detected per selected antigen | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0668U | Oncology (pancreas), DNA, genome sequence with 5-hydroxymethylcytosine (5hmC) enrichment and glycan biomarker analysis, whole blood or plasma, algorithm reported as cancer detected or not detected | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0678U | Oncology (hereditary cancer), genome sequence for 117 genes (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, blood, saliva, cultured skin fibroblasts (skin biopsy) or extracted genomic DNA, diagnostic, identification and categorization of genetic variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0679U | Oncology (hereditary hematologic cancer), genomic DNA, whole genome sequence (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, analysis of over 105 genes, genomic DNA isolated from blood, saliva, cultured skin fibroblasts (skin biopsy), identification and categorization of genetic variants | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 0686U | Oncology (prostate), mRNA, next-generation sequencing (NGS) gene expression profiling of 22 genes, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0695U | Oncology (central nervous system), low-pass whole genome sequence analysis of cerebrospinal fluid, interrogation for chromosome arm-level and focal losses and gains | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0696U | Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, RNA analysis, 350 or more genes for RNA alterations (eg, gene rearrangements and splice isoforms) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81195 | Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81212 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81228 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81292 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81293 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81294 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81295 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81296 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81297 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81319 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81321 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81322 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81323 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 81349 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81354 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion acc | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1)(eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, | Yes | CareCore National | |

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|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 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) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequ | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analy | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81408 | Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscu | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81410 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81411 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81417 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81437 | Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
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| Laboratory Management | Molecular Lab | 81448 | Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81449 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81451 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81455 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81456 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81463 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81464 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81479 | Unlisted molecular pathology procedure | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81524 | Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81538 | Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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]) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81599 | Unlisted multianalyte assay with algorithmic analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0020M | Oncology (central nervous system), analysis of 30,000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0047U | Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0089U | Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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]) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0329U | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0364U | Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0388U | Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0425U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0426U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0452U | Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0453U | Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0454U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0465U | Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0466U | Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0467U | Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0469U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0471U | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0473U | Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0485U | Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0487U | Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0488U | Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0496U | Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0499U | Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0500U | Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0501U | Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0506U | Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0507U | Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0523U | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0529U | Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0530U | Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0532U | Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0533U | Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0534U | Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0537U | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2,500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0538U | Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0539U | Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0543U | Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0549U | Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0552U | Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0553U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0554U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 0555U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0560U | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0561U | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0562U | Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0565U | Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6,626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0566U | Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0567U | Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0569U | Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20,000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0571U | Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0572U | Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0578U | Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0582U | Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0583U | Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0585U | Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0586U | Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0592U | Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0597U | Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0602U | Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0611U | Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0612U | Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0613U | Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0036U | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |

| Program | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|---|---|---|---|---|---|
| Laboratory Management | Molecular Lab | 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 | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0334U | Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0379U | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 0444U | Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s) | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81445 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis | Yes | CareCore National | |
| Laboratory Management | Molecular Lab | 81450 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | Yes | CareCore National | |

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