



BlueCross BlueShield
of New Mexico

New Mexico Medicaid Benefit Preauthorization Procedure Code List

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Green highlighted codes are managed by Carelon (Formally known as AIM)

Utilization Management Process
CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11921	CORRECT SKN COLOR 6.1-20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019

11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019

11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
11970	REPLACE TISSUE EXPANDER	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR716.001 SUR716.011	Breast Implant, Removal and/or Insertion Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019 Removed effective 1/1/2023
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15003	WOUND PREP ADDL 100 CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0495	Scar Revision	Added prior to 9/1/2019
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0495	Scar Revision	Added prior to 9/1/2019
15005	WND PREP F/N/HF/G ADDL CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0495	Scar Revision	Added prior to 9/1/2019
15220	SKN SPLT A-GRFT FAC/NCK/HF/G	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG PG-WS	Wound and Skin Management GRG	Added prior to 9/1/2019
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019

15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019 Removed effective 1/1/2023
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019 Removed effective 1/1/2023
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019 Removed effective 1/1/2023

15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15787	ABRASION LESIONS ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019

15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG PG-WS	Wound and Skin Management GRG	Added prior to 9/1/2019
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15838	EXCISE EXCESS SKIN FAT PAD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024 SUR716.017	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR701.024	Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
19294	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	Carelon - https://providerportal.com/ or 1-800-859-5300	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
19300	MASTECTOMY GYNECOMASTIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.017	Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.015	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk-Reducing (Prophylactic) Mastectomy	Added prior to 9/1/2019

19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.010 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mastopexy Reconstructive Breast Surgery	Added prior to 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR716.011 SUR716.012	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Reduction Mammoplasty	Added prior to 9/1/2019
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019

19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019 Removed effective 1/1/2023
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR717.001 SUR716.011	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019 Removed effective 1/1/2023
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR717.001 SUR716.011	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019 Removed effective 1/1/2023

19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
19380	BREAST RECONSTRUCTION	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.021 SUR716.009 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
20930	SP BONE ALGRFT MORSEL ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20931	SP BONE ALGRFT STRUCT ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20934	INTERCALARY ALLOGRAFT COMPLETE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20936	SP BONE AGRFT LOCAL ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

20937	SP BONE AGRFT MORSEL ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20938	SP BONE AGRFT STRUCT ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20974	ELECTRICAL BONE STIMULATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20975	ELECTRICAL BONE STIMULATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
20983	ABLATE BONE TUMOR(S) PERQ	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	Added prior to 9/1/2019
20985	CPTR-ASST DIR MS PX	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22510	PERQ CERVICOTHORACIC INJECT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22511	PERQ LUMBOSACRAL INJECTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22512	VERTEBROPLASTY ADDL INJECT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22513	PERQ VERTEBRAL AUGMENTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22514	PERQ VERTEBRAL AUGMENTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22515	PERQ VERTEBRAL AUGMENTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22526	IDET SINGLE LEVEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2022
22527	IDET 1 OR MORE LEVELS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2022
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22533	LAT LUMBAR SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

22534	LAT THOR/LUMB ADDL SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22551	NECK SPINE FUSE&REMOV BEL C2	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22552	ADDL NECK SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22554	NECK SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22558	LUMBAR SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22585	ADDITIONAL SPINAL FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22595	NECK SPINAL FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22600	NECK SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22610	ARTHRODESIS POSTERIOR/POSTEROLATER AL THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22612	LUMBAR SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22614	SPINE FUSION EXTRA SEGMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22630	LUMBAR SPINE FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

22632	SPINE FUSION EXTRA SEGMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22633	LUMBAR SPINE FUSION COMBINED	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22634	SPINE FUSION EXTRA SEGMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22819	KYPHECTOMY 3 OR MORE SEGMENTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22830	EXPLORATION SPINAL FUSION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22840	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22841	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22842	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

22843	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22844	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22845	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22846	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22847	INSERT SPINE FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22848	INSERT PELV FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22849	REINSERTION SPINAL FIXATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22853	INSJ BIOMECHANICAL DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22854	INSJ BIOMECHANICAL DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22856	CERV ARTIFIC DISKECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22857	LUMBAR ARTIF DISKECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22858	SECOND LEVEL CER DISKECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22859	INSJ BIOMECHANICAL DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22860	Tot disc arthrp 2ntrspc lmb	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22861	REVISE CERV ARTIFIC DISC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

22862	REVISE LUMBAR ARTIF DISC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
22867	INSJ STABLI DEV W/DCMPRN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 10/1/2022
22868	INSJ STABLI DEV W/DCMPRN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 10/1/2022
22869	INSJ STABLI DEV W/O DCMPRN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 10/1/2022
22870	INSJ STABLI DEV W/O DCMPRN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 10/1/2022
23000	REMOVAL OF CALCIUM DEPOSITS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 12/31/23
23020	RELEASE SHOULDER JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 12/31/23
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 12/31/23
23107	ARTHRT GLENOHUMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 12/31/23
23120	PARTIAL REMOVAL COLLAR BONE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 removed 12/31/23
23130	REMOVE SHOULDER BONE PART	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed effective 7/1/2022
23410	REPAIR ROTATOR CUFF ACUTE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23412	REPAIR ROTATOR CUFF CHRONIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

23415	RELEASE OF SHOULDER LIGAMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23420	REPAIR OF SHOULDER	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23430	REPAIR BICEPS TENDON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23440	REMOVE/TRANSPLANT TENDON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23450	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23455	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23460	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23462	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23465	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23466	REPAIR SHOULDER CAPSULE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23470	RECONSTRUCT SHOULDER JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23472	RECONSTRUCT SHOULDER JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23473	REVIS RECONST SHOULDER JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23474	REVIS RECONST SHOULDER JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

27096	INJECT SACROILIAC JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27120	ACETABULOPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27125	PARTIAL HIP REPLACEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27130	TOTAL HIP ARTHROPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27132	TOTAL HIP ARTHROPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27134	REVISE HIP JOINT REPLACEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27137	REVISE HIP JOINT REPLACEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27138	REVISE HIP JOINT REPLACEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27279	ARTHRODESIS SACROILIAC JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27280	FUSION OF SACROILIAC JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2022 Added 10/1/23 Removed 12/31/23
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27332	REMOVAL OF KNEE CARTILAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27333	REMOVAL OF KNEE CARTILAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

27334	REMOVE KNEE JOINT LINING	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27335	REMOVE KNEE JOINT LINING	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27345	Removal of knee cyst	Carelon - https://providerportal.com/ or 1-800-859-5300	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
27403	REPAIR OF KNEE CARTILAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27412	AUTOCHONDROCYTE IMPLANT KNEE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27418	REPAIR DEGENERATED KNEECAP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27420	REVISION OF UNSTABLE KNEECAP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27422	REVISION OF UNSTABLE KNEECAP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27424	REVISION/REMOVAL OF KNEECAP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27425	LAT RETINACULAR RELEASE OPEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

27427	RECONSTRUCTION KNEE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27428	RECONSTRUCTION KNEE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27429	RECONSTRUCTION KNEE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27430	REVISION OF THIGH MUSCLES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27438	REVISE KNEECAP WITH IMPLANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27440	REVISION OF KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27441	REVISION OF KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27442	REVISION OF KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27443	REVISION OF KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27446	REVISION OF KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27447	TOTAL KNEE ARTHROPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27486	REVISE/REPLACE KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
27487	REVISE/REPLACE KNEE JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29805	SHOULDER ARTHROSCOPY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29806	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29807	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29819	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29820	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29821	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29822	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29823	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29824	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29825	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29826	SHOULDER ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29827	ARTHROSCOP ROTATOR CUFF REPR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29828	ARTHROSCOPY BICEPS TENODESIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

29860	HIP ARTHROSCOPY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29861	HIP ARTHRO W/FB REMOVAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29862	HIP ARTHRO W/DEBRIDEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29863	HIP ARTHRO W/SYNOVECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29868	MENISCAL TRNSPL KNEE W/SCPE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29870	KNEE ARTHROSCOPY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29871	KNEE ARTHROSCOPY/DRAINAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29873	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29874	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29875	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29876	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29877	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29879	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

29880	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29881	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29882	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29883	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29884	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29885	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29886	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29887	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29888	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29889	KNEE ARTHROSCOPY/SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29914	HIP ARTHRO W/FEMOROPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29915	HIP ARTHRO ACETABULOPLASTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
29916	HIP ARTHRO W/LABRAL REPAIR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019

30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added 1/1/2023
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019

32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.	Cardiology	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR707.003	Implantable Cardioverter Defibrillators	Added prior to 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.006	Heart/Lung Transplant	Added prior to 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.005	Heart Transplant	Added prior to 9/1/2019
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Cardiology	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019 Removed effective 1/1/2023
37799	VASCULAR SURGERY PROCEDURE	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Cardiology	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.024 SUR707.016	Adoptive Immunotherapy Varicose Vein Management	Added prior to 9/1/2019

38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38211	TUMOR CELL DEplete OF HARVST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38213	PLATELET DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38214	VOLUME DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38215	HARVEST STEM CELL CONCENTRTE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045 SUR703.051	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38242	TRANSPLT ALLO LYMPHOCYTES	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	History and physical, procedure report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	(NMAC) 8.310.2	General Benefit	Added 1/1/2023 Removed 7/1/2023
43499	UNLISTED PROCEDURE ESOPHAGUS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2022
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019

47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47399	LIVER SURGERY PROCEDURE	History and physical, procedure report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR701.031 SUR703.009	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47579	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-GS	General Surgery or Procedure GRG	Added prior to 9/1/2019
47999	UNLISTED PROCEDURE BILIARY TRACT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2022
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-1172	Urethroplasty	Added prior to 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

54416	REMOV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54417	REMOV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55865	EXPOS PROSTATE INSJ RADIOACT SBST W/BI PELV LYMPH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2022
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56356	HYSTEROSCOPY SURG; W/ENDOMETRIAL ABLATION	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0286	Hysteroscopy, with or without Endometrial Resection, Ablation, or Myomectomy	Added prior to 9/1/2019
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019 Removed effective 1/1/2023

57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
57156	INSERTION VAGINAL RADIATION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-OBS	Obstetric and Gynecologic Surgery or Procedure GRG	Added prior to 9/1/2019
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
58350	REOPEN FALLOPIAN TUBE	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019 Removed effective 1/1/2023
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

61799	STRCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
61800	APPL STRCTC HEADFRAME STEREOTACTIC RADIOSURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62263	EPIDURAL LYSIS MULT SESSIONS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62264	EPIDURAL LYSIS ON SINGLE DAY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62280	TREAT SPINAL CORD LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62281	TREAT SPINAL CORD LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62282	TREAT SPINAL CANAL LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62287	PERCUTANEOUS DISKECTOMY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 10/1/2022
62292	NJX CHEMONUCLEOLYSIS LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62320	NJX INTERLAMINAR CRV/THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62321	NJX INTERLAMINAR CRV/THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62322	NJX INTERLAMINAR LMBR/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62323	NJX INTERLAMINAR LMBR/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62324	NJX INTERLAMINAR CRV/THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62325	NJX INTERLAMINAR CRV/THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

62327	NIX INTERLAMINAR LMBR/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62350	IMPLANT SPINAL CANAL CATH	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62351	IMPLANT SPINAL CANAL CATH	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62360	INSERT SPINE INFUSION DEVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62361	IMPLANT SPINE INFUSION PUMP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62362	IMPLANT SPINE INFUSION PUMP	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63001	REMOVE SPINE LAMINA 1/2 CRVL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63005	REMOVE SPINE LAMINA 1/2 LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63012	REMOVE LAMINA/FACETS LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63015	REMOVE SPINE LAMINA >2 CRVCL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63017	REMOVE SPINE LAMINA >2 LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63020	NECK SPINE DISK SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

63030	LOW BACK DISK SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63035	SPINAL DISK SURGERY ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63040	LAMINOTOMY SINGLE CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63042	LAMINOTOMY SINGLE LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63043	LAMINOTOMY ADDL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63044	LAMINOTOMY ADDL LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63045	REMOVE SPINE LAMINA 1 CRVL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63047	REMOVE SPINE LAMINA 1 LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63048	REMOVE SPINAL LAMINA ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63050	CERVICAL LAMINOPLSTY 2/> SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63051	C-LAMINOPLASTY W/GRAFT/PLATE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63052	LAM FACETC/FRMT ARTHRD LUM 1	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63053	LAM FACTC/FRMT ARTHRD LUM EA	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

63056	DECOMPRESS SPINAL CORD LMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63057	DECOMPRESS SPINE CORD ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63075	NECK SPINE DISK SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63076	NECK SPINE DISK SURGERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63081	REMOVE VERT BODY DCMPRN CRVL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63082	REMOVE VERTEBRAL BODY ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2023
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2023
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 4/1/2023
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63290	LAM BX/EXC ISPI NEO XDRL- IDRL LES ANY LVL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63300	VCRPEC LES 1 SGM XDRL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63306	VERTEBRAL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63620	STEREOTACTIC RADIOLOGY 1 SPINAL LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63650	IMPLANT NEUROELECTRODES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63655	IMPLANT NEUROELECTRODES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63685	INSRT/REDO SPINE N GENERATOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64451	SI joint nerve block	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64479	INJ FORAMEN EPIDURAL C/T	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64480	INJ FORAMEN EPIDURAL ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64483	INJ FORAMEN EPIDURAL L/S	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64484	INJ FORAMEN EPIDURAL ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64490	INJ PARAVERT F JNT C/T 1 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64491	INJ PARAVERT F JNT C/T 2 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64492	INJ PARAVERT F JNT C/T 3 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

64493	INJ PARAVERT F JNT L/S 1 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64494	INJ PARAVERT F JNT L/S 2 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64495	INJ PARAVERT F JNT L/S 3 LEV	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64510	N BLOCK STELLATE GANGLION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64520	N BLOCK LUMBAR/THORACIC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64582	Hypoglossal nerve neurostimulator implantation; open	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
64583	Hypoglossal nerve neurostimulator revision or replacement	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
64584	Hypoglossal nerve neurostimulator removal	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
64625	RF ABLTJ NRV NRVG SI JT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64633	DESTROY CERV/THOR FACET JNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64634	DESTROY C/TH FACET JNT ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64635	DESTROY LUMB/SAC FACET JNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64636	DESTROY L/S FACET JNT ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	RX501.019 SUR703.003 SUR702.017 SUR712.024 SUR701.031 MED205.037 SUR710.019 SUR712.033 MED205.032 MED205.035 MED205.036 MED205.039 MED201.039	Botulinum Toxin Brain Tissue Transplantation and Neurotransplantation Facet Joint and Sacroiliac Joint Denervation Lysis of Epidural Adhesions Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Navigated Transcranial Magnetic Stimulat	Added prior to 9/1/2019
67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR712.031	Blepharoplasty, Blepharoptosis and Brow Repair Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019

67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70450	CT HEAD/BRAIN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70460	CT HEAD/BRAIN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70470	CT HEAD/BRAIN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70481	CT ORBIT/EAR/FOSSA W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70486	CT MAXILLOFACIAL W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70487	CT MAXILLOFACIAL W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70488	CT MAXILLOFACIAL W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70490	CT SOFT TISSUE NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

70491	CT SOFT TISSUE NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70492	CT SFT TSUE NCK W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70496	CT ANGIOGRAPHY HEAD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70498	CT ANGIOGRAPHY NECK	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70540	MRI ORBIT/FACE/NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70542	MRI ORBIT/FACE/NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70544	MR ANGIOGRAPHY HEAD W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70545	MR ANGIOGRAPHY HEAD W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70547	MR ANGIOGRAPHY NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70548	MR ANGIOGRAPHY NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70551	MRI BRAIN STEM W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70552	MRI BRAIN STEM W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

70553	MRI BRAIN STEM W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70554	FMRI BRAIN BY TECH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70555	FMRI BRAIN BY PHYS/PSYCH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71250	CT THORAX W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71260	CT THORAX W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71270	CT THORAX W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71271	CT THORAX W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5300	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71275	CT ANGIOGRAPHY CHEST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71550	MRI CHEST W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71551	MRI CHEST W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71552	MRI CHEST W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71555	MRI ANGIO CHEST W OR W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72125	CT NECK SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72126	CT NECK SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72127	CT NECK SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

72128	CT CHEST SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72129	CT CHEST SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72130	CT CHEST SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72131	CT LUMBAR SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72132	CT LUMBAR SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72133	CT LUMBAR SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72141	MRI NECK SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72142	MRI NECK SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72146	MRI CHEST SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72147	MRI CHEST SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72148	MRI LUMBAR SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72149	MRI LUMBAR SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72156	MRI NECK SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72157	MRI CHEST SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72158	MRI LUMBAR SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

72159	MR ANGIO SPINE W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72192	CT PELVIS W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72193	CT PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72194	CT PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72195	MRI PELVIS W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72196	MRI PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72197	MRI PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72198	MR ANGIO PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73200	CT UPPER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73201	CT UPPER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73202	CT UPPR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73218	MRI UPPER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73219	MRI UPPER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

73220	MRI UPRR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73221	MRI JOINT UPR EXTREM W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73222	MRI JOINT UPR EXTREM W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73223	MRI JOINT UPR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73225	MR ANGIO UPR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73700	CT LOWER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73701	CT LOWER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73702	CT LWR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73706	CT ANGIO LWR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73718	MRI LOWER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73719	MRI LOWER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73720	MRI LWR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73721	MRI JNT OF LWR EXTRE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73722	MRI JOINT OF LWR EXTR W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73723	MRI JOINT LWR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

73725	MR ANG LWR EXT W OR W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74150	CT ABDOMEN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74160	CT ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74170	CT ABDOMEN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74174	CT ANGIO ABD&PELV W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74175	CT ANGIO ABDOM W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74176	CT ABD & PELVIS W/O CONTRAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74177	CT ABD & PELV W/CONTRAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74178	CT ABD & PELV 1/> REGNS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74181	MRI ABDOMEN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74182	MRI ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74183	MRI ABDOMEN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74185	MRI ANGIO ABDOM W ORW/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74261	CT COLONOGRAPHY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74262	CT COLONOGRAPHY DX W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

74263	CT COLONOGRAPHY SCREENING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74712	MRI FETAL SNGL/1ST GESTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74713	MRI FETAL EA ADDL GESTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76376	3D RENDER W/INTRP POSTPROCES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76377	3D RENDER W/INTRP POSTPROCES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76380	CAT SCAN FOLLOW-UP STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76390	MR SPECTROSCOPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76391	MR ELASTOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76975	GI ENDOSCOPIC ULTRASOUND	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77014	CT SCAN FOR THERAPY GUIDE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77046	MRI BREAST C- UNILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77047	MRI BREAST C- BILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

77048	MRI BREAST C+ W/CAD UNI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77049	MRI BREAST C+ W/CAD BI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77078	CT BONE DENSITY AXIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77084	MAGNETIC IMAGE BONE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77338	DESIGN MLC DEVICE FOR IMRT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77371	SRS MULTISOURCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77372	SRS LINEAR BASED	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77373	SBRT DELIVERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77385	NTSTY MODUL RAD TX DLVR SMPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

77386	NTSTY MODUL RAD TX DLVR CPLX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77387	GUIDANCE FOR RADJ TX DLVR	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77402	RADIATION TREATMENT DELIVERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77407	RADIATION TREATMENT DELIVERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77412	RADIATION TREATMENT DELIVERY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77424	NEUTRON BEAM TX COMPLEX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77425	IO RAD TX DELIVERY BY X-RAY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77432	STEREOTACTIC RADIATION TX MANAGEMENT CRANIAL LESION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77470	SPECIAL TREATMENT PROCEDURE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77520	IO RAD TX DELIVER BY ELCTRNS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77522	PROTON TRMT SIMPLE W/COMP	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77523	PROTON TRMT INTERMEDIATE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77525	PROTON TREATMENT COMPLEX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

77520	IO RAD TX DELIVER BY ELCTRNS	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77522	PROTON TRMT SIMPLE W/COMP	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77523	PROTON TRMT INTERMEDIATE	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77525	PROTON TREATMENT COMPLEX	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77750	INFUSE RADIOACTIVE MATERIALS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77761	APPLY INTRCAV RADIAT SIMPLE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77762	APPLY INTRCAV RADIAT INTERM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77763	APPLY INTRCAV RADIAT COMPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77767	HDR RDNCL SKN SURF BRACHYTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77768	HDR RDNCL SKN SURF BRACHYTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
77778	APPLY INTERSTIT RADIAT COMPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
78012	THYROID UPTAKE MEASUREMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78013	THYROID IMAGING W/BLOOD FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78014	THYROID IMAGING W/BLOOD FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78015	THYROID MET IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78016	THYROID MET IMAGING/STUDIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78018	THYROID MET IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78020	THYROID MET UPTAKE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78070	PARATHYROID PLANAR IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78071	PARATHYRD PLANAR W/WO SUBTRJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78072	PARATHYRD PLANAR W/SPECT&CT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78075	ADRENAL CORTEX & MEDULLA IMG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78102	BONE MARROW IMAGING LTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78103	BONE MARROW IMAGING MULT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78104	BONE MARROW IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78185	SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78195	LYMPH SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78201	LIVER IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78202	LIVER IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78215	LIVER AND SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78216	LIVER & SPLEEN IMAGE/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78226	HEPATOBIILIARY SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78227	HEPATOBIL SYST IMAGE W/DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78230	SALIVARY GLAND IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78231	SERIAL SALIVARY IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78232	SALIVARY GLAND FUNCTION EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78258	ESOPHAGEAL MOTILITY STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78261	GASTRIC MUCOSA IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78262	GASTROESOPHAGEAL REFLUX EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78264	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78265	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78266	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78278	ACUTE GI BLOOD LOSS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78290	MECKELS DIVERT EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78291	LEVEEN/SHUNT PATENCY EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78300	BONE IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78305	BONE IMAGING MULTIPLE AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78306	BONE IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78315	BONE IMAGING 3 PHASE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78445	VASCULAR FLOW IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78456	ACUTE VENOUS THROMBUS IMAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78457	VENOUS THROMBOSIS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78458	VEN THROMBOSIS IMAGES BILAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78579	LUNG VENTILATION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78580	LUNG PERFUSION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78582	LUNG VENTILAT&PERFUS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78597	LUNG PERFUSION DIFFERENTIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78598	LUNG PERF&VENTILAT DIFERENTL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78600	BRAIN IMAGE < 4 VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78605	BRAIN IMAGE 4+ VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78608	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78609	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78610	BRAIN FLOW IMAGING ONLY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78630	CEREBROSPINAL FLUID SCAN	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78635	CSF VENTRICULOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78645	CSF SHUNT EVALUATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78650	CSF LEAKAGE IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78660	NUCLEAR EXAM OF TEAR FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78700	KIDNEY IMAGING MORPHOL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78701	KIDNEY IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78707	K FLOW/FUNCT IMAGE W/O DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78708	K FLOW/FUNCT IMAGE W/DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78709	K FLOW/FUNCT IMAGE MULTIPLE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78725	KIDNEY FUNCTION STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78730	URINARY BLADDER RETENTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78740	URETERAL REFLUX STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78761	TESTICULAR IMAGING W/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78800	TUMOR IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78801	TUMOR IMAGING MULT AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78802	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78803	TUMOR IMAGING (3D)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78804	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78811	PET IMAGE LTD AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78812	PET IMAGE SKULL-THIGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78813	PET IMAGE FULL BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78814	PET IMAGE W/CT LMTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78815	PET IMAGE W/CT SKULL-THIGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78816	PET IMAGE W/CT FULL BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78830	RP LOCLZJ TUM SPECT W/CT 1	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78831	RP LOCLZJ TUM SPECT 2 AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78832	RP LOCLZJ TUM SPECT W/CT 2	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
79005	NUCLEAR RX ORAL ADMIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2023
79101	NUCLEAR RX IV ADMIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
79403	HEMATOPOIETIC NUCLEAR TX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81120	IDH1 COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81121	IDH2 COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81164	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81168	CCND1/IGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81173	AR GENE FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81174	AR GENE KNOWN FAMIL VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81185	CACNA1A GENE FULL GENE SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81186	CACNA1A GEN KNOWN FAMIL VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81189	CSTB GENE FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81190	CSTB GENE KNOWN FAMIL VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81191	NTRK1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81192	NTRK2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81193	NTRK3	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81194	NTRK	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81200	ASPA GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81201	APC GENE FULL SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81202	APC GENE KNOWN FAM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81203	APC GENE DUP/DELET VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81212	BRCA1&2 185&5385&6174 VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81215	BRCA1 GENE KNOWN FAMIL VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81216	BRCA2 GENE FULL SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81217	BRCA2 GENE KNOWN FAMIL VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81221	CFTR GENE KNOWN FAM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81222	CFTR GENE DUP/DELET VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81223	CFTR GENE FULL SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81225	CYP2C19 GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81226	CYP2D6 GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81227	CYP2C9 GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81228	CYTOGEN MICRARRAY COPY NMBR	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81229	CYTOGEN M ARRAY COPY NO&SNP	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81230	CYP3A4 GENE COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81231	CYP3A5 GENE COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81232	DPYD GENE COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81233	BTK GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81238	F9 FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81240	F2 GENE ANALYSIS 20210G >A VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81242	FANCC GENE ANALYSIS COMMON VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81248	G6PD KNOWN FAMILIAL VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81249	G6PD FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81250	G6PC GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81252	GJB2 GENE FULL SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81253	GJB2 GENE KNOWN FAM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81255	HEXA GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81257	HBA1/HBA2 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81258	HBA1/HBA2 GENE FAM VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81259	HBA1/HBA2 FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81264	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81277	CYTOGENOMIC NEO MICRORNA ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81278	IGH/BCL2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81279	JAK2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81283	IFNL3 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81286	FXN GENE FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81289	FXN GENE KNOWN FAMIL VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81291	MTHFR GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81292	MLH1 GENE FULL SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81293	MLH1 GENE KNOWN VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81294	MLH1 GENE DUP/DELETE VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81295	MSH2 GENE FULL SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81296	MSH2 GENE KNOWN VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81297	MSH2 GENE DUP/DELETE VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81298	MSH6 GENE FULL SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81299	MSH6 GENE KNOWN VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81300	MSH6 GENE DUP/DELETE VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81302	MECP2 GENE FULL SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81303	MECP2 GENE KNOWN VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81304	MECP2 GENE DUP/DELET VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81306	NUDT15 GENE COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81307	PALB2 GENE FULL GENE SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81308	PALB2 GENE KNOWN FAMIL VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81313	PCA3/KLK3 ANTIGEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81317	PMS2 GENE FULL SEQ ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81318	PMS2 KNOWN FAMILIAL VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81319	PMS2 GENE DUP/DELET VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81321	PTEN GENE FULL SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81322	PTEN GENE KNOWN FAM VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81323	PTEN GENE DUP/DELET VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81324	PMP22 GENE ANAL DPLICATION/DELETION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81325	PMP22 GENE FULL SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81326	PMP22 GENE KNOWN FAM VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81327	SEPT9 GEN PRMTR METHYLTN ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81328	SLCO1B1 GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81331	SNRPN/UBE3A METHYLATION ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81335	TPMT GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81336	SMN1 GENE FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81338	MPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81339	MPL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81342	TRG@ GENE REARRANGEMENT ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81346	TYMS GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81347	SF3B1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81348	SRSF2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81349	CYTOG ALYS CHRML ABNR LW-PS	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81350	UGT1A1 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81351	TP53	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81352	TP53	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81353	TP53	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81355	VKORC1 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81357	U2AF1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81360	ZRSR2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81361	HBB GENE COM VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81362	HBB GENE KNOWN FAM VARIANT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81363	HBB GENE DUP/DEL VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81364	HBB FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81400	MOPATH PROCEDURE LEVEL 1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81401	MOPATH PROCEDURE LEVEL 2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81402	MOPATH PROCEDURE LEVEL 3	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81403	MOPATH PROCEDURE LEVEL 4	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81404	MOPATH PROCEDURE LEVEL 5	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81405	MOPATH PROCEDURE LEVEL 6	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81406	MOPATH PROCEDURE LEVEL 7	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81407	MOPATH PROCEDURE LEVEL 8	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81408	MOPATH PROCEDURE LEVEL 9	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81410	AORTIC DYSFUNCTION/DILATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81411	AORTIC DYSFUNCTION/DILATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81412	ASHKENAZI JEWISH ASSOC DIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81413	CAR ION CHNNLPATH INC 10 GNS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81414	CAR ION CHNNLPATH INC 2 GNS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81415	EXOME SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81416	EXOME SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81417	EXOME RE-EVALUATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81418	Rx metab gen seq alysnl 6	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81419	Epilepsy genomic sequence analysis panel	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81422	FETAL CHROMOML MICRODELTY	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81425	GENOME SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81426	GENOME SEQUENCE ANALYSIS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81427	GENOME RE-EVALUATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81430	HEARING LOSS SEQUENCE ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81431	HEARING LOSS DUP/DEL ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81432	HRDTRY BRST CA-RLATD DSORDRS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81433	HRDTRY BRST CA-RLATD DSORDRS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81434	HEREDITARY RETINAL DISORDERS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81435	HEREDITARY COLON CA DSORDRS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81436	HEREDITARY COLON CA DSORDRS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81437	HEREDTRY NURONDCRN TUM DSRDR	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81438	HEREDTRY NURONDCRN TUM DSRDR	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81439	HRDTRY CARDMPY GENE PANEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81440	MITOCHONDRIAL GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81441	lbmfs seq alys pnl 30 genes	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81442	NOONAN SPECTRUM DISORDERS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81443	TARGETED GENOMIC SEQ ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81445	TARGETED GENOMIC SEQ ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81448	HRDRY PERPH NEURPHY PANEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81449	Tgsap so neo 5-50 rna alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
81450	TARGETED GENOMIC SEQ ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81451	Tgsap hl neo 5-50 rna alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
81455	TARGETED GENOMIC SEQ ANALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81456	Tgsap so/hl 51/> rna alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
81460	WHOLE MITOCHONDRIAL GENOME	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81465	WHOLE MITOCHONDRIAL GENOME	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81470	X-LINKED INTELLECTUAL DBLT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81471	X-LINKED INTELLECTUAL DBLT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81479	UNLISTED MOLECULAR PATHOLOGY	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81493	COR ARTERY DISEASE MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81504	ONCOLOGY TISSUE OF ORIGIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81518	ONCOLOGY BREAST MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81519	ONCOLOGY BREAST MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81520	ONC BREAST MRNA 58 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81521	ONC BREAST MRNA 70 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81522	ONC BREAST MRNA 12 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81523	ONC BRST MRNA 70 CNT 31 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
81525	ONCOLOGY COLON MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81529	ONCOLOGY COLON MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81541	ONC PROSTATE MRNA 46 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81542	ONC PROSTATE MRNA 22 CNT GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81546	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

81551	ONC PROSTATE 3 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81552	ONC UVEAL MLNMA MRNA 15 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81554	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
81595	CARDIOLOGY HRT TRNSPL MRNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
90283	HUMAN IG IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90284	HUMAN IG SC	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90378	RSV MAB IM 50MG	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Added prior to 9/1/2019
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	PSY301.013	Electroconvulsive Therapy	Added prior to 9/1/2019 Removed effective 1/1/2023
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.062	Ultrafiltration in Decompensated Heart Failure	Added prior to 9/1/2019
92507	SPEECH/HEARING THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92508	SPEECH/HEARING THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

92521	EVALUATION OF SPEECH FLUENCY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92522	EVALUATE SPEECH PRODUCTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92523	SPEECH SOUND LANG COMPREHEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92524	BEHAVRAL QUALIT ANALYS VOICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92526	ORAL FUNCTION THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92597	ORAL SPEECH DEVICE EVAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92605	EX FOR NONSPEECH DEVICE RX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92606	NON-SPEECH DEVICE SERVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92607	EX FOR SPEECH DEVICE RX 1HR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92608	EX FOR SPEECH DEVICE RX ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92609	USE OF SPEECH DEVICE SERVICE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92610	EVALUATE SWALLOWING FUNCTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92611	MOTION FLUOROSCOPY/SWALLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92618	EX FOR NONSPEECH DEV RX ADD	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92626	EVAL AUD REHAB STATUS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

92627	EVAL AUD STATUS REHAB ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92630	AUD REHAB PRE-LING HEAR LOSS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
92633	AUD REHAB POSTLING HEAR LOSS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95782	POLYSOM <6 YRS 4/> PARAMTRS	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95783	POLYSOM <6 YRS CPAP/BILVL	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95800	SLP STDY UNATTENDED	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95801	SLP STDY UNATND W/ANAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95805	MULTIPLE SLEEP LATENCY TEST	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95806	SLEEP STUDY UNATT&RESP EFFT	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95807	SLEEP STUDY ATTENDED	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95808	POLYSOM ANY AGE 1-3> PARAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95810	POLYSOM 6/> YRS 4/> PARAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95811	POLYSOM 6/>YRS CPAP 4/> PARM	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
95992	CANALITH REPOSITIONING PROC	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97010	HOT OR COLD PACKS THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

97012	MECHANICAL TRACTION THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97014	ELECTRIC STIMULATION THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97016	VASOPNEUMATIC DEVICE THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97018	PARAFFIN BATH THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97022	WHIRLPOOL THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97024	DIATHERMY EG MICROWAVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97026	INFRARED THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97028	ULTRAVIOLET THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97032	ELECTRICAL STIMULATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97033	ELECTRIC CURRENT THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97034	CONTRAST BATH THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97035	ULTRASOUND THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97036	HYDROTHERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97039	PHYSICAL THERAPY TREATMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97110	THERAPEUTIC EXERCISES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

97112	NEUROMUSCULAR REEDUCATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97113	AQUATIC THERAPY/EXERCISES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97116	GAIT TRAINING THERAPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97129	THER IVNTJ 1ST 15 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97130	THER IVNTJ EA ADDL 15 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97139	PHYSICAL MEDICINE PROCEDURE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97140	MANUAL THERAPY 1/> REGIONS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97150	GROUP THERAPEUTIC PROCEDURES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97161	PT EVAL LOW COMPLEX 20 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97162	PT EVAL MOD COMPLEX 30 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97163	PT EVAL HIGH COMPLEX 45 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97164	PT RE-EVAL EST PLAN CARE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97165	OT EVAL LOW COMPLEX 30 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97166	OT EVAL MOD COMPLEX 45 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97167	OT EVAL HIGH COMPLEX 60 MIN	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

97168	OT RE-EVAL EST PLAN CARE	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97530	THERAPEUTIC ACTIVITIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97533	SENSORY INTEGRATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97535	SELF CARE MNGMENT TRAINING	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97537	COMMUNITY/WORK REINTEGRATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97542	WHEELCHAIR MNGMENT TRAINING	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97545	WORK HARDENING	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97546	WORK HARDENING ADD-ON	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97750	PHYSICAL PERFORMANCE TEST	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97755	ASSISTIVE TECHNOLOGY ASSESS	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97761	PROSTHETIC TRAINJ 1ST ENC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
97763	ORTHC/PROSTC MGMT SBSQ ENC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
99509	HOME VISIT DAY LIFE ACTIVITY	History and Physical, family history, clinical documentation supporting need, NFLOC.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0004M	SCO 53 SNPS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0005U	ONCO PRST8 3 GENE UR ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0006M	Onc hep gene risk classifier	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0007M	Onc gastro 51 gene nomogram	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0011M	ONC PRST8 CA MRNA 12 GEN ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0012M	ONC MRNA 5 GEN RSK URTHL CA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0012U	GERMLN DO GENE REARGMT DETCJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 4/1/2023
0013M	ONC MRNA 5 GEN RECR URTHL CA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0013U	ONC SLD ORG NEO GENE REARGMT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 4/1/2023
0014U	HEM HMTLMF NEO GENE REARGMT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 4/1/2023
0016M	Onc bladder mrna 209 gen alg	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0018U	ONC THYR 10 MICRORNA SEQ ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0019U	ONC RNA TISS PREDICT ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0022U	TRGT GEN SEQ DNA&RNA 23 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0026U	ONC THYR DNA&MRNA 112 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0029U	RX METAB ADVRS TRGT SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0030U	RX METAB WARF TRGT SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0031U	CYP1A2 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0032U	COMT GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0033U	HTR2A HTR2C GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0034U	TPMT NUDT15 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0036U	XOME TUM & NML SPEC SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0037U	TRGT GEN SEQ DNA 324 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0040U	BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0042T	B BRGDRFERI ANTB 12 PRTN IGG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
0045U	ONC BRST DUX CARC IS 12 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0047U	ONC PRST8 MRNA 17 GENE ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0048U	ONC SLD ORG NEO DNA 468 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0050U	TRGT GEN SEQ DNA 324 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0055U	CARD HRT TRNSPL 96 DNA SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0056U	HEM AML DNA GENE REARGMT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 4/1/2023
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0069U	ONC CLRCT MICRORNA MIR-31-3P	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0071U	CYP2D6 FULL GENE SEQUENCE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0074U	CYP2D6 NONDUPLICATED GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0075U	CYP2D6 5' GENE DUP/MLT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0076U	CYP2D6 3' GENE DUP/MLT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0078U	PAIN MGT OPI USE GNOTYP PNL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0079U	CMPRTV DNA ALYS MLT SNPS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0087U	CRD HRT TRNSPL MRNA 1283 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0088U	TRNSPLJ KDN ALGRFT REJ 1494	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0089U	ONC MLNMA PRAME & LINC00518	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0090U	ONC CUTAN MLNMA MRNA 23 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0094U	GENOME RAPID SEQUENCE ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0098T	REV ARTIFIC DISC ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0101U	HERED COLON CA DO 15 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0102U	HERED BRST CA RLTD DO 17 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0103U	HERED OVA CA PNL 24 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0111U	ONC COLON CA KRAS&NRAS ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0114U	GI BARRETTES ESOPH VIM&CCNA1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0118U	TRNSPLJ DON-DRV CLL-FR DNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0120U	ONC B CLL LYMPHM MRNA 58 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0129U	HERED BRST CA RLTD DO PANEL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0130U	HERED COLON CA DO MRNA PNL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0131U	HERED BRST CA RLTD DO PNL 13	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0132U	HERED OVA CA RLTD DO PNL 17	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0133U	HERED PRST8 CA RLTD DO 11	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0134U	HERED PAN CA MRNA PNL 18 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0135U	HERED GYN CA MRNA PNL 12 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0136U	ATM MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0137U	ATM MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0153U	ONC BREAST MRNA 101 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0156U	COPY NUMBER SEQUENCE ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0157U	APC MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0158U	MLH1 MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0159U	MSH2 MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0160U	MSH6 MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0161U	PMS2 MRNA SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0162U	HERED COLON CA TRGT MRNA PNL	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0163T	LUMB ARTIF DISKECTOMY ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 7/1/2023
0164T	REMOVE LUMB ARTIF DISC ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0165T	REVISE LUMB ARTIF DISC ADDL	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0169U	NUDT15&TPMT GENE COM VRNT	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0170U	NEURO ASD RNA NEXT GEN SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0171U	TRGT GEN SEQ ALYS PNL DNA 23	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0173U	PSYC GEN ALYS PANEL 14 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0175U	PSYC GEN ALYS PANEL 15 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0179U	ONC NONSM CLL LNG CA ALYS 23	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0203U	AI IBD MRNA XPRSN PRFL 17	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0204U	ONC THYR MRNA XPRSN ALYS 593	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0205U	OPH AMD ALYS 3 GENE VARIANTS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0208U	NEURO ALZHEIMER CELL AGGREGJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 4/1/2023
0209U	CYTOG CONST ALYS INTERROG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0212U	RARE DS GEN DNA ALYS PROBAND	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0213T	NJX PARAVERT W/US CER/THOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0213U	RARE DS GEN DNA ALYS EA COMP	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0214T	NJX PARAVERT W/US CER/THOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0214U	RARE DS XOM DNA ALYS PROBAND	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0215T	NJX PARAVERT W/US CER/THOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0215U	RARE DS XOM DNA ALYS EA COMP	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0216T	NJX PARAVERT W/US LUMB/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0216U	NEURO INH ATAXIA DNA 12 COM	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0217T	NJX PARAVERT W/US LUMB/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0217U	NEURO INH ATAXIA DNA 51 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0218T	NJX PARAVERT W/US LUMB/SAC	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0218U	NEURO MUSC DYS DMD SEQ ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0228U	ONC PRST8 MA MOLEC PRFL ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0229U	BCAT1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0230U	AR	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0231U	CACNA1A	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0232U	CSTB	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0233U	FXN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0234U	MECP2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0235U	PTEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

0236U	SMN1	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0237U	Cardiac ion channelopathies	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0238U	ONC LNCH SYN GEN DNA SEQ ALY	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0239U	TRGT GEN SEQ ALYS PNL 311+	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0250U	ONC SLD ORG NEO DNA 505 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0250U	ONC SLD ORG NEO DNA 505 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0252U	FTL ANEUPLOIDY STR ALYS DNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0253U	RPRDTVE MED RNA GEN PRFL 238	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0254U	REPRDTVE MED ALYS 24 CHRMSM	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0258U	AI PSOR MRNA 50-100 GEN ALG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0260U	RARE DS ID OPT GENOME MAPG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0262U	ONC SLD TUM RTPCR 7 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0264U	RARE DS ID OPT GENOME MAPG	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0265U	RAR DO WHL GN&MTCDRL DNA ALS	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0266U	UNXPL CNST HRTBL DO GN XPRSN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23

0267U	RARE DO ID OPT GEN MAPG&SEQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0269U	HEM AUT DM CGEN TRMBCTPNA 14	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0270U	HEM CGEN COAGJ DO 20 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0271U	HEM CGEN NEUTROPENIA 23 GEN J	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0272U	HEM GENETIC BLD DO 51 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0274T	PERQ LAMOT/LAM CRV/THRC	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2022
0274U	HEM GEN PLTLT DO 43 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0275T	PERQ LAMOT/LAM LUMBAR	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/2022
0276U	HEM INH THROMBOCYTOPENIA 23 J	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0277U	HEM GEN PLTLT FUNCJ DO 31	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0278U	HEM GEN THROMBOSIS 12 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2022 Removed 12/31/23
0285U	ONC RSPS RADJ CLL FR DNA TOX	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0286U	CEP72 NUDT15&TPMT GENE ALYS	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23

0287U	ONC THYR DNA&MRNA 112 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0288U	ONC LUNG MRNA QUAN PCR 11&3	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0289U	NEURO ALZHEIMER MRNA 24 GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0290U	PAIN MGMT MRNA GEN XPRSN 36	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0291U	PSYC MOOD DO MRNA 144 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0292U	PSYC STRS DO MRNA 72 GENES	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0293U	PSYC SUICIDAL IDEA MRNA 54	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0296U	ONC ORL&/OROP CA 20 MLC FEAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0297U	ONC PAN TUM WHL GEN SEQ DNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0298U	ONC PAN TUM WHL TRNS SEQ RNA	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0299U	ONC PAN TUM WHL GEN OPT MAPG	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0300U	ONC PAN TUM WHL GEN SEQ&OPT	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022 Removed 12/31/23
0306U	ONC MRD NXT-GNRJ ALYS 1ST	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23

0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0313U	ONC PNCRS DNA&MRNA SEQ 74	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0314U	ONC CUTAN MLNMA MRNA 35 GENE	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0315U	ONC CUTAN SQ CLL CA MRNA 40	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0317U	ONC LUNG CA 4-PRB FISH ASSAY	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0318U	PED WHL GEN MTHYLTN ALYS 50+	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0319U	NEPH RNA PRETRNSPL PERPH BLD	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0320U	NEPH RNA PSTTRNSPL PERPH BLD	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0326U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83+	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ ALYS MAT PLSM RSK	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0329U	ONC NEOPLASIA XOME&TRNS SEQ ALYS DNA&RNA TUMOR	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0331U	ONC HL NEO OPT GEN MAPPING W/DNA BLD/BONE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
0332U	Onc pan tum gen prflg 8 dna	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0333U	Onc lvr surveilanc hcc cfdna	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0334U	Onc sld orgn tgasa dna 84/+	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23

0335U	Rare ds whl gen seq feta	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0336U	Rare ds whl gen seq bld/slv	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0339U	Onc plsm cell do&myeloma id	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0340U	Onc pan ca alys mrd plasma	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0341U	Ftl aneup dna seq cmpr alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0343U	Onc prst8 xom aly 442 snrna	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0345U	Psyc genom alys pnl 15 gen	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0347U	Rx metab/pcx dna 16 gen alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0348U	Rx metab/pcx dna 25 gen alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0349U	Rx metab/pcx dna 27gen rx ia	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0350U	Rx metab/pcx dna 27 gen alys	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0355U	Apol1 risk variants	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0356U	Onc orop 17 dna ddpcr alg	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0362U	Onc pap thyr ca rna 82&10	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23
0363U	Onc urthl mrna 5 gen alg	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023 Removed 12/31/23

0388U	Onc nonsm cll lng ca 37 gen	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0389U	Ped fbrl kd ifi27&mcemp1 rna	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0391U	Onc sld tum dna&rna 437 gen	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0392U	Rx metab genrx ia 16 genes	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0394T	HDR ELCTRNC SKN SURF BRCHYTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
0396U	Ob preimpltj tst 300000 dna	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0397U	Onc nonsm cll lng ca 109	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0400U	Ob xpnd car scr 145 genes	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23
0401U	Crđ c hrt ds 9 gen 12 vrnts	Carelon - https://providerportal.com/ or 1-800-859-5299	Genetic Testing	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2023 Removed 12/31/23

0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage) (Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0633T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0634T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0635T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0636T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0637T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0638T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022

0648T	QUAN MR ALYS TISS W/O MRI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0649T	QUAN MR ALYS TISS W/MRI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
A4604	Tubing with integrated heating element for use with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7030	Full face mask used with positive airway pressure device, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7031	Face mask interface, replacement for full face mask, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7035	Headgear used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7036	Chinstrap used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

A7037	Tubing used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7038	Filter, disposable, used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7039	Filter, non disposable, used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7044	Oral interface used with positive airway pressure device, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9508	Iodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9513	RT: Lutetium Lu 177, dotatate, therapeutic, 1 mCi RAD: Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mebrofenin, per mCi	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9528	Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9531	Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

A9590	Iodine i-131, iobenguane, 1 millicurie	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9602	Fluorodopa f-18 diag per mci	Carelon - https://providerportal.com/ or 1-800-859-5299	Advanced Imaging	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
A9607	Pluvicto	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
A9800	Gallium locametz 1 millicuri	Carelon - https://providerportal.com/ or 1-800-859-5299	Advanced Imaging	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4104	Additive for enteral formula (e.g., fiber)	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019

B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019

C1767	Generator, neurostimulator (implantable), non-rechargeable	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019 Effective to Carelon 10/1/2022
C8900	Magnetic resonance angiography with contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8901	Magnetic resonance angiography without contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

C8912	Magnetic resonance angiography with contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8913	Magnetic resonance angiography without contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8918	Magnetic resonance angiography with contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8919	Magnetic resonance angiography without contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8934	Magnetic resonance angiography with contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8935	Magnetic resonance angiography without contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C9014	Brineura (cerliponase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.092	Cerliponase alfa	Added prior to 9/1/2019
C9036	Injection, patisiran, 0.1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.102	Patisiran (Onpattro)	Added prior to 9/1/2019
C9076	Lisocabtagene maraleucel, Breyanzi	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
C9081	Idecabtagene vicleucel, Abecma	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
C9091	Injection, sirolimus protein-bound particles, 1 mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Drug	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
C9095	Tebentafusp-tebn	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Drug	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
C9257	Avastin (bevacizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Added prior to 9/1/2019

C9359	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os osteoconductive scaffold putty), per 0.5 cc	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/24
C9399	Oncology use - Immune Globulin (Human)-hipp, Unituxin (dinutuximab), Opdualag (relatlimab and nivolumab)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
C9399	Non-Oncology use - Immune Globulin (Human)-hipp, Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	History and physical or clinical notes, including anticipated length of use.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	Added prior to 9/1/2019

C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed effective 7/1/2022
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0184	Dry pressure mattress	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0250	Hospital bed, fixed height, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0251	Hospital bed, fixed height, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019

E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019

E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

E0561	Humidifier, non-heated, used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0562	Humidifier, heated, used with positive airway pressure device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0601	Continuous positive airway pressure (cpap) device	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019

E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
E0749	Osteogenesis stimulator, electrical, surgically implanted	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	Added prior to 9/1/2019
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.033	Functional Neuromuscular Electrical Stimulation	Added prior to 9/1/2019
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added 1/1/2023
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019 Removed effective 1/1/2023
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1310	Whirlpool, nonportable (built in type)	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	Not a covered benefit	Not a covered benefit	Added prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 325.4 DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2301	Wheelchair accessory, power standing system, any type	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0504	Assisted Reproductive Technology	Added prior to 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0219	Pet imaging whole body; melanoma for non-covered indications	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
G0235	Pet imaging, any site, not otherwise specified	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
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)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, p	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Thera	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	Carelon - https://providerportal.com/ or 1-800-859-5299	Sleep	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed effective 4/1/22
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6001	Ultrasonic guidance for placement of radiation therapy fields	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G9006	Coordinated care fee, home monitoring	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
G9012	Personal Care Consumer-Directed Advertisement Reimbursement Fee	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
G9840	Ras (kras and nras) gene mutation testing performed before initiation of anti-egfr moab	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
G9841	Ras (kras and nras) gene mutation testing not performed before initiation of anti-egfr moab	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23

H0019	Transitional Living Services	For Service Request, please contact customer service representative	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
J0129	Orencia (abatacept)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0180	Fabrazyme (agalsidase beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0202	Lemtrada (alemtuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.077	Alemtuzumab	Added prior to 9/1/2019
J0221	Lumizyme (alglucosidase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0490	Benlysta (belimumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0565	Zinplava (bezlotoxumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.093	Bezlotoxumab	Added prior to 9/1/2019
J0584	Injection, burosumab-twza, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J0585	Botox (onabotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0586	Dysport (abobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0587	Myobloc (rimabotulinumtoxinB)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0588	Xeomin (incobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0598	Cinryze (C1 esterase inhibitor)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0638	Ilaris (canakinumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0641	Levoleucovorin Calcium	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0642	Levoleucovorin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0717	Cimzia (certolizumab pegol)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J0775	Xiaflex (collagenase, clostridium histolyticum)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Added prior to 9/1/2019
J0800	H.P. Acthar (corticotropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.087	FDA-Approved Drugs and Biologicals	Added prior to 9/1/2019
J0881	Oncology use - Darbepoetin alfa - Non-ESRD	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0881	Non-Oncology use - Darbepoetin alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0882	Oncology use - Darbepoetin alfa - ESRD	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0882	Non-Oncology use - Darbepoetin alfa - ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	10/11/2021
J0885	Oncology use - Epoetin Alfa - Non-ESRD	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0885	Non-Oncology use - Epoetin Alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0887	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0888	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0896	Luspatercept-aamt	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J0897	Denosumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1071	testosterone cypionate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J1290	Kalbitor (ecallantide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1300	Soliris (eculizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.066 RX501.096	Eculizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1322	Vimizim (elosulfase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1325	Flolan, Veletri (epoprostenol)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Added prior to 9/1/2019
J1428	Exondys 51 (eteplirsen)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.084	Eteplirsen	Added prior to 9/1/2019

J1442	Filgrastim	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1447	Tbo-Filgrastim	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1448	Injection, trilaciclib, 1mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022
J1458	Naglazyme (galsulfase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1459	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1459	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1551	Injection, immune globulin (cutaquist), 100mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
J1551	Non Oncology immune globulin subcutaneous, human-hipp	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Internal 1/1/24
J1554	Immune Globulin (Human)-slra	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1554	Non-Oncology immune globulin intravenous, human-sra	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Internal 1/1/24
J1555	Oncology use - Immune Globulin (Human) Subcutaneous	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1555	Non-Oncology use - Immune Globulin (Human) Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1556	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1556	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1557	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1557	Non-Oncology use Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1558	Oncology use - Immune Globulin (Human)-klhw	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1558	Non-Oncology use - Immune Globulin (Human)-klhw	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1559	Oncology use - Immune Globulin (Human) Subcutaneous	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1559	Non-Oncology use - Immune Globulin (Human) Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1561	Oncology use - Immune Globulin (Human) IV or Subcutaneous	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1561	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1562	Vivaglobin (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added prior to 9/1/2019 Removed effective 12/31/2023
J1562	Non-Oncology use, Vivaglobin (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1566	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1566	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1568	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1568	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1569	Oncology use - Immune Globulin (Human) IV or Subcutaneous	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1569	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1572	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1572	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1575	Oncology use - Immune Globulin (Human)Hyaluronidase (Human Recombinant)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J1575	Non-Oncology use - Immune Globulin (Human)Hyaluronidase (Human Recombinant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1599	Oncology use - Immune Globulin IV	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J1599	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	10/11/2021
J1602	Simponi Aria (golimumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1627	Sustol (granisetron extended release)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.090	Sustol (Granisetron) Extended Release Injection	Added prior to 9/1/2019
J1675	histrelin acetate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J1726	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Added prior to 9/1/2019
J1729	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Added prior to 9/1/2019

J1743	Elaprase (idursulfase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1745	Remicade (infliximab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1746	Injection, ibalizumab-uiyk, 10 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.099 RX501.096	Ibalizumab-uiyk Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1786	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1930	Somatuline Depot (lanreotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.087	Oncology Medications FDA-Approved Drugs and Biologicals	Added prior to 9/1/2019

J1931	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J2182	Nucala (mepolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2278	Prialt (ziconotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.060	Ziconotide	Added prior to 9/1/2019
J2320	nandrolone decanoate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J2323	Tysabri (natalizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2326	Spinraza (nusinersen)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.086	Nusinersen	Added prior to 9/1/2019

J2350	Ocrevus (ocrelizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2357	Xolair (omalizumab),	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2502	Signifor LAR (pasireotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.079	Pasireotide	Added prior to 9/1/2019
J2505	Pegfilgrastim	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 2/28/2022
J2506	Pegfilgrastim	Carelon - https://providerportal.com/ or 1-800-859-5300	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 3/1/2022 Removed 12/31/23
J2507	Krystexxa (pegloticase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2562	Mozobil (plerixafor)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J2786	Cinqair (reslizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2820	Sargramostim	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J2840	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J2860	Siltuximab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J2941	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
J3060	Elelyso (taliglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3121	testosterone enanthate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J3145	Aveed (testosterone undecanoate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J3245	Injection, tildrakizumab, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tildrakizumab-asmn	Added prior to 9/1/2019

J3262	Actemra (tocilizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Added prior to 9/1/2019
J3285	Remodulin (treprostinil)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Added prior to 9/1/2019
J3315	Trelstar (triptorelin pamoate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J3358	Stelara (ustekinumab for intravenous use)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Added prior to 9/1/2019
J3380	Entyvio (vedolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Added prior to 9/1/2019
J3385	Vpriv (velaglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J3397	Injection, vestronidase alfa-vjvk, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3399	Zolgensma	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.104	Onasemnogene Abeparvovec-xioi	Added prior to 9/1/2019
J3490	Oncology use - Immune Globulin (Human)-hipp, Unituxin (dinutuximab), Opdualag (relatlimab and nivolumab), Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fynetra, Rolvendon	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J3490	Non-Oncology use - Immune Globulin (Human)-hipp,	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	MED206.001 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTH903.027 OTH903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129 RX501.049	Allergy Management Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-ui	10/11/2021

J3590	Oncology use - Immune Globulin (Human)-hipp, Unituxin (dinutuximab), Opdualag (relatlimab and nivolumab) Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J3590	Non-Oncology use Immune Globulin (Human)-hipp, Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129	Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intraven	10/11/2021
J7178	Fibryga, RiaSTAP (human fibrinogen concentrate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Added prior to 9/1/2019
J7320	Genvisc 850 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7321	Hyalgan (sodium hyaluronate), Supartz, Supartz FX (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019

J7322	Hymovis (high molecular weight viscoelastic hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7323	Euflexxa (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7324	Orthovisc (high molecular weight hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7325	Synvisc (sodium hyaluronate), Synvisc-ONE (hylan G-F 20)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7326	Gel-One (cross-linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7327	Monovisc (lightly cross-linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7328	Gel-Syn 3 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7330	Autologous cultured chondrocytes, implant	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J7340	Duopa (carbidopa/levodopa enteral suspension)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Added prior to 9/1/2019
J9019	Erwinaze (asparaginase Erwinia chrysanthemi)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
J9021	Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23

J9022	Atezolizumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9023	Avelumab; Beleodaq (belinostat)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9032	Beleodaq (belinostat)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019 Removed effective 1/1/2023
J9035	Oncology use - Bevacizumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9035	Non- Oncology use - Bevacizumab	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Added prior to 9/1/2019
J9037	Belantamab mafodotin-blmf	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9039	Blinatumomab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9042	Brentuximab vedotin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9043	Cabazitaxel	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9047	Carfilzomib	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J9055	Cetuximab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9057	Copanlisib	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9061	Injection, amivantamab-vmjw, 2 mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022
J9118	Asparlas (calaspargase pegol-mknl)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
J9119	Cemiplimab-rwlc	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9144	Daratumumab-hyaluronidase-fjih	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9145	Daratumumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9153	Vyxeos (daunorubicin and cytarabine)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
J9155	Firmagon (degarelix)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9173	Durvalumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9176	Elotuzumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9177	Enfortumab vedotin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9179	Eribulin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J9202	Zoladex (goserelin acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9203	Gemtuzumab ozogamicin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9204	Mogamulizumab- kpkc	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9205	Irinotecan liposome	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9207	Ixabepilone	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9218	leuprolide acetate, non depot	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9219	Viadur (leuprolide acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9223	Lurbinectedin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9225	Vantas (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019

J9226	Supprelin LA (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9227	Isatuximab-irfc	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9228	Ipilimumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9229	Inotuzumab ozogamicin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9264	Paclitaxel protein-bound particles	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9266	Oncaspar (pegaspargase)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
J9269	Tagraxofusp-erzs	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9271	Pembrolizumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9272	Inj, dostarlimab-gxly, 10 mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
J9281	Mitomycin Gel	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9285	Opdivo (nivolumab), Lartruvo (olaratumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019

J9295	Portrazza (necitumumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019 Removed effective 1/1/2023
J9295	Portrazza (necitumumab)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2023 Removed 12/31/23
J9299	Nivolumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9301	Obinutuzumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9302	Ofatumumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9303	Panitumumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9306	Pertuzumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9308	Ramucirumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9309	Polatuzumab vedotin-piiq	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9311	Oncology use - Rituximab Hyaluronidase	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9311	Non-Oncology use - Rituximab Hyaluronidase	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	10/1/2021
J9312	Oncology use - Rituximab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9312	Non-Oncology use - Rituximab	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	10/1/2021
J9313	Moxetumomab pasudotox-tdfk	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23

J9316	Pertuzumab-Trastuzumab-Hyaluronidase-zzxf	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9317	Sacituzumab-govitecan; Imlygic (talimogene laherparepvec)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9325	Imlygic (talimogene laherparepvec)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019 Removed effective 1/1/2023
J9331	FYARRO	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 10/1/2022 Removed 12/31/23
J9348	Naxitamab-gqgk	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9349	Tafasitamab-cxix	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9352	Trabectedin	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9353	Margetuximab-cmkb	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9354	Ado-Trastuzumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9355	Trastuzumab	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9356	Trastuzumab-hyaluronidase-oysk	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9358	Fam-trastuzumab deruxtecan-nxki	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2022 Removed 12/31/23

J9999	Oncology use - Immune Globulin (Human)-hipp, Unituxin (dinutuximab), Opdualag (relatlimab and nivolumab) Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2021 Removed 12/31/23
J9999	Non-Oncology use - Immune Globulin (Human)-hipp	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	Antineoplaston Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Sodium Phenylbutyrate	10/11/2021
K0002	Standard hemi (low seat) wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0108	Wheelchair component or accessory, not otherwise specified	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0566	Cardioverter-Defibrillator, Wearable	Added prior to 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K1027	Oral dev without fix mech	Carelon - https://providerportal.com/ or 1-800-859-5299	Durable Medical Equipment	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/1/2022 Removed 12/31/23
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001	Orthotics	Added prior to 9/1/2019

L2999	Lower extremity orthoses, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001 DME103.008	Orthotics Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	Added prior to 9/1/2019
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001	Orthotics	Added prior to 9/1/2019
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023

L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5647	Addition to lower extremity, below knee suction socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023

L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023

L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5910	Addition, endoskeletal system, below knee, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019 Removed effective 1/1/2023
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019 Removed effective 1/1/2023
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019

L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR710.018 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033	Occipital Nerve Stimulation	Added prior to 9/1/2019

L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsa	Added prior to 9/1/2019
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019 Removed effective 1/1/2023

L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsa	Added prior to 9/1/2019
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019

L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
M0076	Prolotherapy	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 10/1/22
Q2040	Kymriah (tisagenlecleucel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
Q2041	Yescarta (axicabtagene ciloleucel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
Q2042	Tisagenlecleucel, Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
Q2043	Sipuleucel-T	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q2049	Doxorubicin liposomal	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q2050	Doxorubicin liposomal	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q2053	Brexucabtagene autoleucel, Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
Q2054	Lisocabtagene maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021

Q2056	Ciltacabtagene autoleucl	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added 4/1/2023
Q3001	Radioelements for brachytherapy, any type, each	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q4081	Epoetin Alfa - ESRD	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q4106	Dermagraft skin sub	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4112	Cymetra, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4114	Integra flowable wound matrix, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4116	Alloderm, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4160	Nushield, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019

Q5101	Filgrastim-sndz	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5103	Inflixtra (infliximab-dyyb)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
Q5104	Renflexis (infliximab-abda)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
Q5105	Oncology use - Epoetin alfa-epbx	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5105	Non-Oncology use Epoetin alfa-epbx	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	10/11/2021
Q5106	Oncology use- Epoetin alfa-epbx	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5106	Non-Oncology use - Epoetin alfa-epbx	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	10/11/2021
Q5107	Bevacizumab-awwb	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5108	Pegfilgrastim-jmdb	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5110	Filgrastim-aafi	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5111	Pegfilgrastim-cbqv	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5112	Trastuzumab-dttb	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23

Q5113	Trastuzumab-pkrb	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5114	Trastuzumab-dkst	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5115	Oncology use - Rituximab-abbs	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5115	Non-Oncology use - Rituximab-abbs	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	10/11/2021
Q5116	Trastuzumab-qyyp	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5117	Trastuzumab-anns	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5118	Bevacizumab-bvzr	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5119	Oncology use - Rituximab-pvvr	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5119	Non-Oncology use - Rituximab-pvvr	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	10/11/2021
Q5120	Pegfilgrastim-bmez	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5122	Pegfilgrastim-apgf	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5123	Rituximab-arrx	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	10/11/2021 Removed 12/31/23
Q5123	Rituximab-arrx Non-Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indication	1/1/2024
Q5126	Alymsys (bevacizumab-maly)	Carelon - https://providerportal.com/ or 1-800-859-5299	Medical Oncology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2023 Removed 12/31/23

S0157	Regranex (becaplermin gel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Added prior to 9/1/2019
S0189	Testopel (testosterone pellets)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Added prior to 9/1/2019
S0265	Genetic counseling, under physician supervision, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band includes placement of subcutaneous port	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Carelon - https://providerportal.com/ or 1-800-859-5299	Musculoskeletal	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3841	Genetic testing for retinoblastoma	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3842	Genetic testing for von hippel-lindau disease	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3845	Genetic testing for alpha-thalassemia	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3846	Genetic testing for hemoglobin e beta-thalassemia	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3849	Genetic testing for niemann-pick disease	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3850	Genetic testing for sickle cell anemia	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3853	Genetic testing for myotonic muscular dystrophy	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23

S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon - https://providerportal.com/ or 1-800-859-5299	Lab	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021 Removed 12/31/23
S5022	Growth hormone therapy (e.g., protropin, humatrope)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy MCG	HCSC RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
S5100	Day care services, adult; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5110	Home care training, family; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019

S5145	Treatment Foster Care (Cetennial Care) Group Home (Montanna HMK) Foster care, Therapeutic	For Service Request, please contact customer service representative	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5165	Home modifications; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiation Therapy	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2021 Removed 12/31/23
S8037	Magnetic resonance cholangiopancreatography (mrpc)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE803.025	Pulmonary Rehabilitation	Added prior to 9/1/2019
T1002	Rn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T1003	Lpn/lvn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurs	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019

T2031	Assisted living; waiver, per diem	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T2038	Community transition, waiver; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T5999	Supply, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	Multiple Options	Multiple Options	Added prior to 9/1/2019
V5010	Assessment for hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5011	Fitting/orientation/checking of hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023
V5014	Repair/modification of a hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023

V5060	Hearing aid, monaural, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5130	Binaural, in the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5140	Binaural, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5180	Hearing aid, cros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5200	Dispensing fee, cros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5220	Hearing aid, bicros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5240	Dispensing fee, bicros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5253	Hearing aid, digitally programmable, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5254	Hearing aid, digital, monaural, cic	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5255	Hearing aid, digital, monaural, itc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023
V5256	Hearing aid, digital, monaural, ite	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023
V5257	Hearing aid, digital, monaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5258	Hearing aid, digital, binaural, cic	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023

V5259	Hearing aid, digital, binaural, itc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5260	Hearing aid, digital, binaural, ite	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5261	Hearing aid, digital, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5273	Assistive listening device, for use with cochlear implant	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019 Removed effective 1/1/2023
-------	--------------------------------	---	---------------------------	--	--------------	--	--

Behavioral Health

T1005	Respite care services, up to 15 minutes	Requires PA beyond annual limit of 30 days or 720 hours, evidence of criteria needed to support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
H0017	Accredited Residential Treatment -ASAM 3.7	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0018	Accredited Residential Treatment -ASAM 3.5	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0019	Accredited Residential Treatment -ASAM 3.3/ASAM 3.2/ASAM 3.1	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0010	Accredited Residential Treatment - Detoxification	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0011	Accredited Residential Treatment - Detoxification	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
S0201	Partial Hospitalization	Requires PA beyond 45 days of treatment, evidence of criteria to needed support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
97153	ABA Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form to evidence criteria to support BH LOC guidelines for this service. https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019

0373T	ADAPT BHV TX EA 15 MIN	<p>For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form to evidence criteria to support BH LOC guidelines for this service.</p> <p>https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf</p>	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			<p>Added prior to 9/1/2019</p>
-------	------------------------	--	-------------------	--	--	--	--------------------------------