

August 2022

New AIM Specialty Health Programs Effective November 1, 2022

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is always looking for ways to create value for our stakeholders. We are pleased to announce effective November 1, 2022, Blue Cross NC will transition the review of radiology, cardiology, and musculoskeletal services for Healthy Blue members to AIM Specialty Health® (AIM), a specialty benefit management company. AIM works with leading insurers to improve healthcare quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe, and affordable.

This relationship with AIM enables Blue Cross NC to ensure that care aligns with established evidence-based medicine. AIM will follow clinical hierarchy established by Blue Cross NC for medical necessity determination. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

Detailed prior authorization requirements are available online at <https://www.availity.com> through the Precertification Lookup Tool accessed under Payer Spaces | Applications or on the website at <https://provider.healthybluenc.com/north-carolina-provider/prior-authorization-lookup>.

Providers are strongly encouraged to verify they have obtained prior authorization before scheduling and performing services.

Prior authorization review requirements

For services scheduled to begin on or after November 1, 2022, all providers must contact AIM beginning November 1, 2022, to obtain prior authorization review for the following nonemergency services. Please see the table below for all CPT codes that will require prior authorization from AIM beginning November 1, 2022.

Radiology services:

- Nuclear imaging, including myocardial perfusion imaging, cardiac blood pool imaging, infarct imaging and Positron Emission Tomography (PET) myocardial imaging
- Computed Tomography (CT), including CT angiography, derived fractional flow reserve, structural CT and quantitative evaluation of coronary calcification
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Spectroscopy (MRS)

Note: AIM Specialty Health is an independent company providing utilization management services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

NCHB-CD-001363-22 August 2022

- Functional MRI (fMRI)
- Stress Echocardiography (SE)*
- Resting Echocardiography (TTE)*
- Transesophageal Echocardiography (TEE)*

* Echocardiography may also be included in the scope of the cardiology solution.

Cardiology services:

- Diagnostic Coronary Angiography with or without right or left heart catheterization.
- Percutaneous Coronary Intervention (PCI), such as coronary stents and balloon angioplasty
- Arterial Duplex
- Physiologic Study Arterial
- Implantable Cardioverter – Defibrillators*
- Cardiac Resynchronization Therapy*
- Permanent pacemakers
- Stress Echocardiography (SE)**
- Resting Echocardiography (TTE)**
- Transesophageal Echocardiography (TEE)**

** Echocardiography may also be included in the scope of the radiology solution.

Musculoskeletal procedures:

Spine surgery – Cervical, thoracic, lumbar, and sacral

- Bone grafts
- Bone growth stimulators
- Cervical/lumbar spinal fusions
- Cervical/lumbar spinal laminectomy
- Cervical/lumbar spinal discectomy
- Cervical/lumbar spinal disc arthroplasty (replacement)
- Sacroiliac joint fusion
- Spinal deformity (scoliosis/kyphosis)
- Vertebroplasty/kyphoplasty

The musculoskeletal program also includes level of care review of the inpatient setting for select joint and spine surgeries. These reviews will be based on the AIM Level of Care Guidelines for Musculoskeletal Surgeries and Procedures. The level of care program aligns with Blue Cross NC's Medical Policy and AIM clinical guidelines for procedures that should only be performed in an inpatient setting.

Members included in the new program

All Healthy Blue members (Medicaid and NC Health Choice) are included in this program scope.

How to submit a request for review

Beginning November 1, 2022, providers can begin submitting requests for review or verify order numbers using one of the following methods:

1. **Online** – The AIM ProviderPortal is available 24/7, fully interactive, and processes requests in real-time using *Clinical Criteria*. To register, go to <https://aimspecialtyhealth.com/providerportal/>. Registration opens October 1, 2022.
2. **By phone** – Call AIM Specialty Health toll free at **855-574-6478**, Monday through Friday between 7 a.m. to 7 p.m. CT.

Expanded Cardiology Codes	
CPT/HCPCS codes	Description
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE. Add-on Code to: 93458, 93459, 93460, 93461
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT. Add-on Code to: 93456 - 93461
93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU. Add-on Code to: 93456 - 93461
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I. Add-on code to other diagnostic or congenital cath codes: 93456, 93457, 93460, 93461
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I. Add-on code to other diagnostic or congenital cath codes: 93456, 93457, 93458, 93459, 93460, 93461
93568	NJX PULMONARY ANGIO HRT CATH W/S&I. Add-on code to other diagnostic or congenital cath codes: 93456, 93457, 93460, 93461
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY
92920	PRQ CARDIAC ANGIOPLAST 1 ART
92924	PRQ CARD ANGIO/ATHRECT 1 ART
92928	PRQ CARD STENT W/ANGIO 1 VSL
92933	PRQ CARD STENT/ATH/ANGIO

92937	PRQ REVASC BYP GRAFT 1 VSL
92943	PRQ CARD REVASC CHRONIC 1VSL
92921	PRQ CARDIAC ANGIO ADDL ART
92925	PRQ CARD ANGIO/ATHRECT ADDL
92929	PRQ CARD STENT W/ANGIO ADDL
92934	PRQ CARD STENT/ATH/ANGIO
92938	PRQ REVASC BYP GRAFT ADDL
92944	PRQ CARD REVASC CHRONIC ADDL
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I
Radiology Code List	
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL
71250	CT THORAX W/O CONTRAST MATERIAL
71260	CT THORAX W/CONTRAST MATERIAL
71270	CT THORAX W/O & W/CONTRAST MATERIAL
74150	CT ABDOMEN W/O CONTRAST MATERIAL
74160	CT ABDOMEN W/CONTRAST MATERIAL
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL
72192	CT PELVIS W/O CONTRAST MATERIAL
72193	CT PELVIS W/CONTRAST MATERIAL
72194	CT PELVIS W/O & W/CONTRAST MATERIAL
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL
72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL
72129	CT THORACIC SPINE W/CONTRAST MATERIAL
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL

Healthy Blue
New AIM programs effective November 1, 2022

73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS
78452	MYOCARDIAL SPECT MULTIPLE STUDIES
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES
70540	MRI ORBIT FACE & NECK W/O CONTRAST
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL
70336	MRI TEMPOROMANDIBULAR JOINT
71550	MRI CHEST W/O CONTRAST MATERIAL
71551	MRI CHEST W/CONTRAST MATERIAL
71552	MRI CHEST W/O & W/CONTRAST MATERIAL
74181	MRI ABDOMEN W/O CONTRAST MATERIAL
74182	MRI ABDOMEN W/CONTRAST MATERIAL
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL
72195	MRI PELVIS W/O CONTRAST MATERIAL
72196	MRI PELVIS W/CONTRAST MATERIAL
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL
77084	BONE MARROW BLOOD SUPPLY
70544	MRA HEAD W/O CONTRST MATERIAL
70545	MRA HEAD W/CONTRAST MATERIAL
70546	MRA HEAD W/O & W/CONTRAST MATERIAL
71555	MRA CHEST W/O & W/CONTRAST MATERIAL
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL
72198	MRA PELVIS W/WO CONTRAST MATERIAL
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE
78608	BRAIN IMAGING PET METABOLIC EVALUATION
78609	BRAIN IMAGING PET PERFUSION EVALUATION
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL

Healthy Blue
New AIM programs effective November 1, 2022

73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70547	MRA NECK W/O CONTRST MATERIAL
70548	MRA NECK W/CONTRAST MATERIAL
70549	MRA NECK W/O &W/CONTRAST MATERIAL
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73706	CT ANGIOGRAPHY LOWER EXTREMITY
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
76390	MRI SPECTROSCOPY
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK
78812	PET IMAGING SKULL BASE TO MID-THIGH
78813	PET IMAGING WHOLE BODY
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/VO CNTRST IMG
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL

Healthy Blue
New AIM programs effective November 1, 2022

70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL
71250	CT THORAX W/O CONTRAST MATERIAL
71260	CT THORAX W/CONTRAST MATERIAL
71270	CT THORAX W/O & W/CONTRAST MATERIAL
74150	CT ABDOMEN W/O CONTRAST MATERIAL
74160	CT ABDOMEN W/CONTRAST MATERIAL
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL
72192	CT PELVIS W/O CONTRAST MATERIAL
72193	CT PELVIS W/CONTRAST MATERIAL
72194	CT PELVIS W/O & W/CONTRAST MATERIAL
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL
72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL
72129	CT THORACIC SPINE W/CONTRAST MATERIAL
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS

Healthy Blue
New AIM programs effective November 1, 2022

78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS
78452	MYOCARDIAL SPECT MULTIPLE STUDIES
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS
78452	MYOCARDIAL SPECT MULTIPLE STUDIES
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES
70540	MRI ORBIT FACE & NECK W/O CONTRAST
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL
70336	MRI TEMPOROMANDIBULAR JOINT
71550	MRI CHEST W/O CONTRAST MATERIAL
71551	MRI CHEST W/CONTRAST MATERIAL
71552	MRI CHEST W/O & W/CONTRAST MATERIAL
74181	MRI ABDOMEN W/O CONTRAST MATERIAL
74182	MRI ABDOMEN W/CONTRAST MATERIAL
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL
72195	MRI PELVIS W/O CONTRAST MATERIAL
72196	MRI PELVIS W/CONTRAST MATERIAL
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL
77084	BONE MARROW BLOOD SUPPLY
70544	MRA HEAD W/O CONTRST MATERIAL
70545	MRA HEAD W/CONTRAST MATERIAL
70546	MRA HEAD W/O & W/CONTRAST MATERIAL
71555	MRA CHEST W/O & W/CONTRAST MATERIAL
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL
72198	MRA PELVIS W/WO CONTRAST MATERIAL
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE
78608	BRAIN IMAGING PET METABOLIC EVALUATION
78609	BRAIN IMAGING PET PERFUSION EVALUATION
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN
78468	MYOICRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ
78469	MYOICRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL

Healthy Blue
New AIM programs effective November 1, 2022

73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70547	MRA NECK W/O CONTRST MATERIAL
70548	MRA NECK W/CONTRAST MATERIAL
70549	MRA NECK W/O &W/CONTRAST MATERIAL
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73706	CT ANGIOGRAPHY LOWER EXTREMITY
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST
76390	MRI SPECTROSCOPY
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK
78812	PET IMAGING SKULL BASE TO MID-THIGH
78813	PET IMAGING WHOLE BODY
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
76390	MRI SPECTROSCOPY
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK
78812	PET IMAGING SKULL BASE TO MID-THIGH
78813	PET IMAGING WHOLE BODY
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS

75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/VO CNTRST IMG
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING
Musculoskeletal Code List	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar

Healthy Blue
New AIM programs effective November 1, 2022

22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code f
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other

Healthy Blue
New AIM programs effective November 1, 2022

	than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inter
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete)
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition t
22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary

Healthy Blue
New AIM programs effective November 1, 2022

22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve roots, e.g., spinal or lateral recess stenosis), single vertebral segment; cervical
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve roots, e.g., spinal or lateral recess stenosis), single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve roots, e.g., spinal or lateral recess stenosis), single

Healthy Blue
New AIM programs effective November 1, 2022

	vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices e.g., wire, suture, mini-pl)
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code)
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately)
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List se
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach

Healthy Blue
New AIM programs effective November 1, 2022

63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications
63185	Laminectomy with rhizotomy; more than 2 segments
63190	Laminectomy, with release of tethered spinal cord, lumbar
63200	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63252	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63267	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63272	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; thoracic
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve roots, e.g., spinal or lateral recess stenosis), single vertebral segment; thoracic
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical

Healthy Blue
New AIM programs effective November 1, 2022

63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63191	Laminectomy with section of spinal accessory nerve
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic
62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic
62322	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral
62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Healthy Blue
New AIM programs effective November 1, 2022

64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary proced
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviclectomy; partial
23130	Acromioplasty or acromionectomy, partial, with, or without coracoacromial ligament release
23410	Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic

Healthy Blue
New AIM programs effective November 1, 2022

23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autografts)
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	Reconstruction of dislocating patella; (e.g., Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (e.g., Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction knee extra-articular
27428	Ligamentous reconstruction knee intra-articular
27429	Ligamentous reconstruction knee intra-articular xtr
27430	Quadricepsplasty (e.g., Bennett or Thompson type)
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis

Healthy Blue
New AIM programs effective November 1, 2022

27440	Arthroplasty, knee; tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
28446	Open osteochondral autograft, talus (includes obtaining grafts)
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autografts)
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release

Healthy Blue
New AIM programs effective November 1, 2022

29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
J7330	Autologous cultured chondrocytes, implant
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23000	Removal of subdeltoid calcareous deposits, open
23020	Capsular contracture release (e.g., Sever type procedure)
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant
27870	Arthrodesis, ankle, open
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
28110	Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method

28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28315	Sesamoidectomy, first toe (separate procedure)
28750	Arthrodesis, great toe; metatarsophalangeal joint
Cardiology (Echo) Code List	
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY



Email is the quickest and most direct way to receive important Healthy Blue information from Blue Cross and Blue Shield of North Carolina.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (healthyblue.ly/NCmp).

