



BlueCross BlueShield of Montana

Blue Cross and Blue Shield of Montana (BCBSMT) has contracted with eviCore Healthcare (eviCore) to provide utilization management services for certain care categories. Below is the list of outpatient Molecular and Genomic Testing codes managed by eviCore.

Molecular and Genomic Testing Preauthorization Code List

CPT®/HCPCS Code	
81162	
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81545	
81595	
81599	
84999	
0004M	
0006M	
0007M	
0009M	
G9143	
S3800	
S3840	
S3841	
S3842	
S3845	
S3846	
S3852	
S3854	
S3861	
S3865	
S3866	
S3870	

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* eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSMT.

** Preauthorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable benefit plan. Preauthorization of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.