

# Advanced Imaging and Cardiology Services Program

## CPT Codes That Can Be Ordered In the Same Prior Authorization Request

May 2021

CPT Code	Description	Prior Authorization Required?
<b>CARDIAC CATH - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
93451	Right Heart Catheterization Including Measurement(s) of Oxygen Saturation and Cardiac Output, When Performed	Yes
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	Yes
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes

CPT Code	Description	Prior Authorization Required?
<b>CARDIAC CATH - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes
93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Add-on
93530	Right Heart Catheterization (CHD)	Yes
93531	Right/Left Heart Catheterization (CHD)	Yes
93532	Right/Left Heart Catheterization (CHD-TS)	Yes
93533	Right/Left Heart Catheterization (CAD-ASD)	Yes
<b>CARDIAC ECHO - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Yes
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Yes
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Yes
93307	Echocardiography, transthoracic, real-time with image documentation (2D) with or without m-mode recording; complete	Yes
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without m-mode recording; follow-up or limited study	Yes
93312	TEE 2D ;Incl Probe Placement, Imaging/Interp/Report	Yes
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Yes
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Yes
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Yes
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Yes
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Yes

CPT Code	Description	Prior Authorization Required?
<b>CARDIAC ECHO - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete	Add-on
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study	Add-on
93325	Doppler echocardiography color flow velocity mapping	Add-on
<b>CARDIOLOGY - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Yes
72191	CT Angiography Pelvis	Yes
73706	CT Angiography Lower Extremity	Yes
74175	CT Angiography Abdomen	Yes
74174	CT angiography, abdomen and pelvis, with contrast material(s), including non-contrast images, if performed, and image postprocessing	Yes
75635	CT Angiography Abdominal Aorta	Yes
75574	CT angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes
<b>CARDIOLOGY – Cardiac Implantables: These codes can be ordered in the same prior authorization request</b>		
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Yes
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular - Effective 1/1/19	Yes
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor (CardioMEMSTM) for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Yes
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Yes

CPT Code	Description	Prior Authorization Required?
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**CARDIOLOGY – Cardiac Implantables: These codes can be ordered in the same prior authorization request**

0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Yes
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Yes
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Yes
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Yes
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Yes
0572T	Insertion of substernal implantable defibrillator electrode	Yes

**CARDIOLOGY - MRI/CT Scan: These codes can be ordered in the same prior authorization request**

75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed)	Yes
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	Yes

CPT Code	Description	Prior Authorization Required?
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Yes
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes
75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	Add-on
78451	Myocardial perfusion imaging, tomographic (SPECT) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Yes
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Yes
<b>CARDIOLOGY - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Yes
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Yes
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List	Yes
0502T	data preparation and transmission	Yes
0503T	analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Yes
0504T	anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Yes
78414	Non-Imaging Heart Function	Yes
78428	Cardiac Shunt Imaging	Yes
78456	Acute Venous Thrombosis Imaging	Yes

CPT Code	Description	Prior Authorization Required?
<b>CARDIOLOGY - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
78457	Venous Thrombosis Imaging Unilateral	Yes
78458	Venous Thrombosis Images, Bilateral	Yes
78472	Cardiac Blood Pool Imaging, Single	Yes
78473	Cardiac Blood Pool Imaging, Multi	Yes
78494	Cardiac Blood Pool Imaging , SPECT	Yes
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right	Yes
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation	Yes
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall	Yes
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall	Yes
78466	Myocardial Infarction Scan	Yes
78468	Heart Infarct Image Ejection Fraction	Yes
78469	Heart Infarct Image 3D SPECT	Yes
78481	Heart First Pass Single	Yes
78483	Cardiac Blood Pool Imaging -- Multiple	Yes
78499	Unlisted Cardiovascular Procedure	Yes
93350	Echocardiography, transthoracic, real-time with image documentation (2D), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	Yes
93351	Echocardiography, transthoracic, real-time with image documentation (2D),	Yes
93352	Use of echocardiographic contrast agent during stress echocardiography (list	Add-on
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial	Yes

CPT Code	Description	Prior Authorization Required?
<b>CARDIOLOGY - PET: These codes can be ordered in the same prior authorization request</b>		
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Yes
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Yes
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	Yes
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes
<b>HEAD NEURO - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
70336	MRI TMJ	Yes
70496	CT Angiography Head	Yes
70498	CT Angiography Neck	Yes
0042T	MRI TMJ CT Perfusion Brain	Yes
70486	CT Maxillofacial Without Contrast	Yes
70487	CT Maxillofacial With Contrast	Yes
70488	CT Maxillofacial Without & With Contrast	Yes
70450	CT Head Without Contrast	Yes
70460	CT Head With Contrast	Yes
70470	CT Head Without & With Contrast	Yes
70480	CT Orbit Without Contrast	Yes

CPT Code	Description	Prior Authorization Required?
<b>HEAD NEURO - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
70481	CT Orbit With Contrast	Yes
70482	CT Orbit Without & With Contrast	Yes
70544	MRA Head Without Contrast	Yes
70545	MRA Head With Contrast	Yes
70546	MRA Head With & Without Contrast	Yes
70547	MRA Neck Without Contrast	Yes
70548	MRA Neck With Contrast	Yes
70549	MRA Neck With & Without Contrast	Yes
70551	MRI Head Without Contrast	Yes
70552	MRI Head With Contrast	Yes
70553	MRI Head With & Without Contrast	Yes
70554	MRI Brain, functional MRI	Yes
70555	MRI Brain, functional MRI, requiring physician	Yes
70540	MRI Orbit, Face, and/or Neck Without Contrast	Yes
70542	MRI Face, Orbit, and/or Neck With Contrast	Yes
70543	MRI Face, Orbit, and/or Neck With & Without Contrast	Yes
<b>HEAD NEURO - Nuclear Medicine: These codes can be ordered in the same prior authorization request</b>		
78600	Brain Imaging Limited Static	Yes
78601	Brain Limited Imaging and Flow	Yes
78605	Brain Imaging Complete	Yes
78606	Brain Imaging Complete With Flow	Yes
78610	Brain Flow Imaging Only	Yes
78630	Cisternogram (Cerebrospinal Fluid Flow)	Yes
78635	Cerebrospinal Ventriculography	Yes
78645	CSF Shunt Evaluation	Yes
78650	CSF Leakage Detection and Localization	Yes
<b>MED SURG - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
70490	CT Soft Tissue Neck Without Contrast	Yes
70491	CT Soft Tissue Neck With Contrast	Yes
70492	CT Soft Tissue Neck Without & With Contrast	Yes
76391	Magnetic resonance (eg, vibration) elastography	Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes

CPT Code	Description	Prior Authorization Required?
<b>MED SURG - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Yes
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Yes
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Yes
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Yes
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Yes
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Yes
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Yes
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes

CPT Code	Description	Prior Authorization Required?
<b>MED SURG - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
71275	CT Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Postprocessing	Yes
72192	CT Pelvis Without Contrast	Yes
72193	CT Pelvis With Contrast	Yes
72194	CT Pelvis Without & With Contrast	Yes
74150	CT Abdomen Without Contrast	Yes
74160	CT Abdomen With Contrast	Yes
74170	CT Abdomen Without & With Contrast	Yes
74176	CT Abdomen And Pelvis Without Contrast	Yes
74177	CT Abdomen And Pelvis With Contrast	Yes
74178	Computed Tomography, Abdomen and Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(s) And Further Sections In One Or Both Body Regions	Yes
71250	CT Thorax Without Contrast	Yes
71260	CT Thorax With Contrast	Yes
71270	CT Thorax Without & With Contrast	Yes
71550	MRI Chest Without Contrast	Yes
71551	MRI Chest With Contrast	Yes
71552	MRI Chest With & Without Contrast	Yes
71555	MRA Chest (Excluding Myocardium) With Or Without Contrast	Yes
72195	MRI Pelvis Without Contrast	Yes
72196	MRI Pelvis With Contrast	Yes
72197	MRI Pelvis With & Without Contrast	Yes
72198	MRA Pelvis With Or Without Contrast	Yes
74181	MRI Abdomen Without Contrast	Yes
74182	MRI Abdomen With Contrast	Yes
74183	MRI Abdomen With & Without Contrast	Yes
74185	MRA Abdomen With Or Without Contrast	Yes
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes
76376	3D Rendering W/O Postprocessing	Yes
76377	3D Rendering W Postprocessing	Yes
76380	CT Limited or Localized Follow-Up Study	Yes
76390	MRI Spectroscopy	Yes
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes

CPT Code	Description	Prior Authorization Required?
<b>MED SURG - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
76497	Unlisted computed tomography procedure	Yes
76498	Unlisted MRI Procedure	Yes
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Yes
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	Yes
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes
77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Yes
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes
S8042	Magnetic Resonance Imaging (MRI), Low-Field	Yes
<b>MED SURG - Nuclear Medicine: This code can be ordered in the same prior authorization request</b>		
78999	Unlisted procedure, diagnostic nuclear medicine-radiation therapy treatment planning	Yes
<b>MED SURG - PET: These codes can be ordered in the same prior authorization request</b>		
S8092	Electron Beam Computed Tomography (Also Known As Ultrafast CT, CINET)	Yes
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated PET Scan)	Yes

CPT Code	Description	Prior Authorization Required?
<b>NUCLEAR MEDICINE: These codes can be ordered in the same prior authorization request</b>		
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes
78013	Thyroid imaging (including vascular flow, when performed)	Yes
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes
78015	Thyroid Met Imaging	Yes
78016	Thyroid Met Imaging With Additional Studies	Yes
78018	Thyroid Scan Whole Body	Yes
78020	Thyroid Carcinoma Metastases Uptake	Yes
78070	Parathyroid planar imaging (including subtraction, when performed)	Yes
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Yes
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Yes
78075	Adrenal Nuclear Imaging	Yes
78102	Bone Marrow Imaging, Limited	Yes
78103	Bone Marrow Imaging, Multiple	Yes
78104	Bone Marrow Imaging, Whole Body	Yes
78140	Labeled Red Cell Sequestration	Yes
78185	Spleen Imaging With & Without Vascular Flow	Yes
78195	Lymph System Imaging	Yes
78201	Liver Imaging	Yes
78202	Liver Imaging With Flow	Yes
78215	Liver & Spleen Imaging	Yes
78216	Liver & Spleen Imaging with Flow	Yes
78226	Hepatobiliary system imaging, including gallbladder when present;	Yes
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	Yes
78230	Salivary Gland Imaging	Yes
78231	Serial Salivary Gland	Yes
78232	Salivary Gland Function Exam	Yes

CPT Code	Description	Prior Authorization Required?
<b>NUCLEAR MEDICINE: These codes can be ordered in the same prior authorization request</b>		
78258	Esophagus Motility Study	Yes
78261	Gastric Mucosa Imaging	Yes
78262	Gastroesophageal Reflux Exam	Yes
78264	Gastric Emptying Study	Yes
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Yes
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Yes
78278	GI Bleeder Scan	Yes
78290	Meckels Diverticulum Imaging	Yes
78291	Leveen Shunt Patency Exam	Yes
78300	Bone Or Joint Imaging Limited	Yes
78305	Bone Or Joint Imaging Multiple	Yes
78306	Bone Scan Whole Body	Yes
78315	Bone Scan 3 Phase Study	Yes
78445	Radionuclide Venogram Non-Cardiac	Yes
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	Yes
78580	Pulmonary perfusion imaging (eg, particulate)	Yes
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	Yes
78597	Quantitative differential pulmonary perfusion, including imaging when performed	Yes
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	Yes
78660	Radiopharmaceutical Dacryocystography	Yes
78699	Unlisted Nuclear Medicine Procedures on the Nervous System	Yes
78700	Kidney Imaging Morphology	Yes
78701	Kidney Imaging With Vascular Flow	Yes
78707	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention	Yes
78708	Kidney Imaging Single Study With Pharmacological Intervention	Yes
78709	Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention	Yes
78725	Kidney Function Study - Non-Imaging Radioisotopic	Yes
78730	Urinary Bladder Residual Study	Yes
78740	Ureteral Reflux Study	Yes
78761	Testicular Imaging with Vascular Flow	Yes

CPT Code	Description	Prior Authorization Required?
<b>ONCOLOGY: These codes can be ordered in the same prior authorization request</b>		
78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation	Yes
78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation	Yes
78800	Radiopharmaceutical Localization of Tumor, Limited Area	Yes
78801	Radiopharmaceutical Localization of Tumor, Multiple Areas	Yes
78802	Radiopharmaceutical Localization of Tumor, Whole Body Single Day Study	Yes
78803	Radiopharmaceutical Localization of Tumor Tomographic (SPECT)	Yes
78804	Radiopharmaceutical Localization of Tumor, Whole Body Two or More Days	Yes
78805	Radiopharmaceutical Localization of Abscess, Limited Area	Yes
78806	Radiopharmaceutical Localization of Abscess, Whole Body	Yes
78807	Radiopharmaceutical Localization of Abscess, Tomographic SPECT	Yes
78811	PET Imaging; limited area	Yes
78812	PET Imaging: skull base to mid-thigh	Yes
78813	PET Imaging: whole body	Yes
78814	PET With Concurrently Acquired CT; Limited Area	Yes
78815	PET With Concurrently Acquired CT; Skull Base to Mid-Thigh	Yes
78816	PET With Concurrently Acquired CT; Whole Body	Yes
G0252	PET Imaging, Full and Partial-Ring PET Scanners Only For Initial Diagnosis of Breast Cancer and/or Surgical Planning For Breast Cancer	Yes
G0219	PET Imaging Whole Body; Melanoma for Non-Covered Indications	Yes
G0235	PET Imaging, Any Site, Not Otherwise Specified	Yes
<b>SPINE ORTHO - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
72125	CT Cervical Spine Without Contrast	Yes
72126	CT Cervical Spine With Contrast	Yes
72127	CT Cervical Spine Without & With Contrast	Yes
72128	CT Thoracic Spine Without Contrast	Yes
72129	CT Thoracic Spine With Contrast	Yes
72130	CT Thoracic Spine Without & With Contrast	Yes
72131	CT Lumbar Spine Without Contrast	Yes
72132	CT Lumbar Spine With Contrast	Yes
72133	CT Lumbar Spine Without & With Contrast	Yes
72141	MRI Cervical Spine Without Contrast	Yes
72142	MRI Cervical Spine With Contrast	Yes
72146	MRI Thoracic Spine Without Contrast	Yes
72147	MRI Thoracic Spine With Contrast	Yes
72148	MRI Lumbar Spine Without Contrast	Yes

CPT Code	Description	Prior Authorization Required?
<b>SPINE ORTHO - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
72149	MRI Lumbar Spine With Contrast	Yes
72156	MRI Cervical Spine With & Without Contrast	Yes
72157	MRI Thoracic Spine With & Without Contrast	Yes
72158	MRI Lumbar Spine With & Without Contrast	Yes
72159	MRA Spinal Canal With or Without Contrast	Yes
73200	CT Upper Extremity Without Contrast	Yes
73201	CT Upper Extremity With Contrast	Yes
73202	CT Upper Extremity Without & With Contrast	Yes
73206	CT Angiography Upper Extremity	Yes
73218	MRI Upper Extremity Without Contrast	Yes
73219	MRI Upper Extremity With Contrast	Yes
73220	MRI Upper Extremity With & Without Contrast	Yes
73221	MRI Upper Extremity Joint Without Contrast	Yes
73222	MRI Upper Extremity Joint With Contrast	Yes
73223	MRI Upper Extremity Joint With & Without Contrast	Yes
73225	MRA Upper Extremity With or Without Contrast	Yes
73700	CT Lower Extremity Without Contrast	Yes
73701	CT Lower Extremity With Contrast	Yes
73702	CT Lower Extremity Without & With Contrast	Yes
73718	MRI Lower Extremity Without Contrast	Yes
73719	MRI Lower Extremity With Contrast	Yes
73720	MRI Lower Extremity With & Without Contrast	Yes
73721	MRI Lower Extremity Joint Without Contrast	Yes
73722	MRI Lower Extremity Joint With Contrast	Yes
73723	MRI Lower Extremity Joint With & Without Contrast	Yes
73725	MRA Lower Extremity With Or Without Contrast	Yes
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Yes

CPT Code	Description	Prior Authorization Required?
<b>SPINE ORTHO - MRI/CT Scan: These codes can be ordered in the same prior authorization request</b>		
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes

