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Network Health Plan WI

Prior Authorization Procedure List: Radiology - Advanced Imaging

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	No	
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	No	
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	No	
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	No	
CCTA	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report. <i>Effective 9/1/2021 AMA Additions</i>	I/E	No	
CCTA	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. <i>Effective 9/1/2021 AMA Additions</i>	I/E	No	
CCTA	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. <i>Effective 9/1/2021 AMA Additions</i>	I/E	No	
CCTA	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report. <i>Effective 9/1/2021 AMA Additions</i>	I/E	No	
CT	70450	Computed tomography, head or brain; without contrast material	Yes	No	70450, 70460, 70470
CT	70460	Computed tomography, head or brain; with contrast material(s)	Yes	No	70450, 70460, 70470

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Yes	No	70450, 70460, 70470
CT	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Yes	No	70480, 70481, 70482
CT	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Yes	No	70480, 70481, 70482
CT	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Yes	No	70480, 70481, 70482
CT	70486	Computed tomography, maxillofacial area; without contrast material	Yes	No	70486, 70487, 70488, 76380
CT	70487	Computed tomography, maxillofacial area; with contrast material(s)	Yes	No	70486, 70487, 70488, 76380
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes	No	
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	No	
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	No	
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes	No	
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	No	
CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	No	
CT	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Yes	No	70486, 70487, 70488, 76380
CT	70490	Computed tomography, soft tissue neck; without contrast material	Yes	No	70490, 70491, 70492, 72125, 72126, 72127

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	70491	Computed tomography, soft tissue neck; with contrast material(s)	Yes	No	70490, 70491, 70492, 72125, 72126, 72127
CT	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Yes	No	70490, 70491, 70492, 72125, 72126, 72127
CT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	70496
CT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	70498
CT	71250	Computed tomography, thorax; without contrast material	Yes	No	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170
CT	71260	Computed tomography, thorax; with contrast material(s)	Yes	No	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170
CT	71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Yes	No	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170
CT	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	No	
CT	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	71275
CT	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	No	71550, 71551, 71552
CT	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	No	71550, 71551, 71552
CT	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	71550, 71551, 71552
CT	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Yes	No	71555

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	72125	Computed tomography, cervical spine; without contrast material	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	72126	Computed tomography, cervical spine; with contrast material	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	72128	Computed tomography, thoracic spine; without contrast material	Yes	No	72128, 72129, 72130
CT	72129	Computed tomography, thoracic spine; with contrast material	Yes	No	72128, 72129, 72130
CT	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72128, 72129, 72130
CT	72131	Computed tomography, lumbar spine; without contrast material	Yes	No	72131, 72132, 72133
CT	72132	Computed tomography, lumbar spine; with contrast material	Yes	No	72131, 72132, 72133
CT	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72131, 72132, 72133
CT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	72191
CT	72192	Computed tomography, pelvis; without contrast material	Yes	No	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170
CT	72193	Computed tomography, pelvis; with contrast material(s)	Yes	No	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170
CT	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Yes	No	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170
CT	73200	Computed tomography, upper extremity; without contrast material	Yes	No	73200, 73201, 73202

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	73201	Computed tomography, upper extremity; with contrast material(s)	Yes	No	73200, 73201, 73202
CT	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Yes	No	73200, 73201, 73202
CT	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	73206
CT	73700	Computed tomography, lower extremity; without contrast material	Yes	No	73700, 73701, 73702
CT	73701	Computed tomography, lower extremity; with contrast material(s)	Yes	No	73700, 73701, 73702
CT	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Yes	No	73700, 73701, 73702
CT	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	73706
CT	74150	Computed tomography, abdomen; without contrast material	Yes	No	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194
CT	74160	Computed tomography, abdomen; with contrast material(s)	Yes	No	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194
CT	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Yes	No	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194
CT	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	74174
CT	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	74175
CT	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes	No	74176, 74177, 74178
CT	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	No	74176, 74177, 74178

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes	No	74176, 74177, 74178
CT	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	No	74261, 74262
CT	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes	No	74261, 74262
CT	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	No	74263
CT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	75635
CT	76380	Computed tomography, limited or localized follow-up study	Yes	No	76380, 70486, 70487, 70488
CT	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	No	76497
CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	I/E	No	
CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	I/E	No	
CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	I/E	No	
CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	I/E	No	
CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	I/E	No	
CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	I/E	No	
CT	S8092	CT Electron Beam (also known as Ultrafast CT, Cine CT), for calcium scoring	Yes	No	S8092
MR	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	No	70336
MR	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	70551, 70552, 70553, 70540, 70542, 70543,

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
MR	70544	Magnetic resonance angiography, head; without contrast material(s)	Yes	No	70544, 70545, 70546
MR	70545	Magnetic resonance angiography, head; with contrast material(s)	Yes	No	70544, 70545, 70546
MR	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	70544, 70545, 70546
MR	70547	Magnetic resonance angiography, neck; without contrast material(s)	Yes	No	70547, 70548, 70549
MR	70548	Magnetic resonance angiography, neck; with contrast material(s)	Yes	No	70547, 70548, 70549
MR	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	70547, 70548, 70549
MR	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Yes	No	70554, 70555
MR	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	No	70554, 70555
MR	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	No	72146, 72147, 72157
MR	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	No	72146, 72147, 72157
MR	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	No	72148, 72149, 72158
MR	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Yes	No	72148, 72149, 72158

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
MR	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Yes	No	72156, 70540, 70542, 70543, 72141, 72142
MR	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Yes	No	72157, 72146, 72147
MR	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Yes	No	72158, 72148, 72149
MR	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	No	72159
MR	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	No	72195, 72196, 72197
MR	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	No	72195, 72196, 72197
MR	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	72195, 72196, 72197
MR	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	No	72198
MR	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	No	73218, 73219, 73220
MR	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	No	73218, 73219, 73220
MR	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	73218, 73219, 73220
MR	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	No	73221, 73222, 73223
MR	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	No	73221, 73222, 73223
MR	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	73221, 73222, 73223
MR	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	No	73225
MR	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	73718, 73719, 73720, 73721, 73722, 73723

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
MR	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Yes	No	73721, 73722, 73723, 73718, 73719, 73720, 72195, 72196, 72197
MR	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	No	73725
MR	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	No	74181, 74182, 74183, S8037
MR	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	No	74181, 74182, 74183, S8037
MR	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Yes	No	74181, 74182, 74183, S8092
MR	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	No	74185
MR	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	No	74712, 78491, 78492, 74713
MR	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	No	74713, 78491, 78492, 74712
MR	76390	Magnetic resonance spectroscopy	Yes	No	76390
MR	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	No	76498
MR	77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Yes	Yes	77058, 77059, C8904, C8907
MR	77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	Yes	Yes	77059, 77059, C8904, C8907
MR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	No	77084
MR	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	I/E	No	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	I/E	No	
MR	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	I/E	No	
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	I/E	No	
MR	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational/ Experimental	No	
MR	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Investigational/ Experimental	No	
MR	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Investigational/ Experimental	No	
MR	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational/ Experimental	No	
MR	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Investigational/ Experimental	No	
MR	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational/ Experimental	No	
MR	S8035	Magnetic Source Imaging (MSI)	Yes	No	S8035
MR	S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes	No	S8037, 74181, 74182, 74183
MR	S8042	MRI Low Field	Yes	No	S8042
MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes	No	

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MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. Effective 7/1/2021 AMA Additions	I/E	No	
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). Effective 7/1/2021 AMA Additions	I/E	No	
PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes	No	78459, 78491, 78492
PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	No	78459, 78491, 78492
PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Yes	No	78459, 78491, 78492
PET	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	No	78608, 78609
PET	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	No	78609, 78609
PET	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	78813	Positron emission tomography (PET) imaging; whole body	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Yes	No	78811, 78812, 78813, 78814, 78815, 78816

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PET	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Yes	No	78811, 78812, 78813, 78814, 78815, 78816, G0219

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**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Catheterization	93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Yes	No	93451
Catheterization	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93452
Catheterization	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93453
Catheterization	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Catheterization	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
Catheterization	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Yes	No	93593
Catheterization	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Yes	No	93594
Catheterization	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Yes	No	93595
Catheterization	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Yes	No	93596
Catheterization	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections	Yes	No	93597
CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	No	75571
CT	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	No	75572

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	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 left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Yes	No	75573
CT	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	No	75574
CT	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	No	
CT	0502T	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	Yes	No	
CT	0503T	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; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Yes	No	
CT	0504T	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; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Yes	No	
Echo	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Yes	No	93303, 93304, +93320, +93321, +93325
Echo	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Yes	No	93303, 93304, +93320, +93321, +93325

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Echo	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	No	93306, 93307, 93308
Echo	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Yes	No	93306, 93307, 93308
Echo	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Yes	No	93306, 93307, 93308, +93321, +93325
Echo	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Yes	No	93312, 93313, 99314, +93320, +93321, +93325
Echo	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Yes	No	93312, 93313, 99314, +93320, +93321, +93325
Echo	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Yes	No	93312, 93313, 99314, +93320, +93321, +93325
Echo	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Yes	No	93318
ECHO	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Yes	No	93319

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Echo	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	Yes	No	add on code, must be billed with another code
Echo	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	Yes	No	add on code, must be billed with another code
Echo	93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	Yes	No	add on code, must be billed with another code
Echo	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Yes	No	93350, 93351, +93320, +93321, +93325
Echo	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Yes	No	93350, 93351, +93320, +93321, +93325
MR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	No	75557, 75559, 75561, 75563, +75565
MR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	No	75557, 75559, 75561, 75563, +75565
MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Yes	No	75557, 75559, 75561, 75563, +75565
MR	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	No	75557, 75559, 75561, 75563, +75565
MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	No	75557, 75559, 75561, 75563, +75565
MRI	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	I/E	No	
MRI	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	I/E	No	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Nuc Card	78414	Non-Imaging Heart Function	Yes	No	
Nuc Card	78428	Cardiac Shunt Imaging	Yes	No	
Nuc Card	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	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78452	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); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78453	Myocardial perfusion imaging, planar (including 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	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Yes	No	78472, 78473, 78494, +78496
Nuc Card	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Yes	No	78472, 78473, 78494, +78496

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Nuc Card	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Yes	No	78472, 78473, 78494, +78496
Nuc Card	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Yes	No	78472, 78473, 78494, +78496
Nuc Card	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	Yes	No	78499

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Network Health Plan WI

Prior Authorization Procedure List: Interventional Pain

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes	
Interventional Pain	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	
Interventional Pain	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	Yes	27096
Interventional Pain	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Yes	Yes	62263, 62264
Interventional Pain	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Yes	Yes	62263, 62264
Interventional Pain	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes	Yes	62280, 62281, 62282
Interventional Pain	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	Yes	62280, 62281, 62282
Interventional Pain	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes	Yes	62280, 62281, 62282
Interventional Pain	62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S) At The Treated Level(S), When Performed, Single Or Multiple Levels, Lumbar	Yes	Yes	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	Yes	
Interventional Pain	62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	No	No	
Interventional Pain	62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	No	No	
Interventional Pain	62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	No	No	
Interventional Pain	62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	No	No	
Interventional Pain	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327
Interventional Pain	62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy	Yes	Yes	
Interventional Pain	62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy	Yes	Yes	
Interventional Pain	62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes	
Interventional Pain	62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes	
Interventional Pain	62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	Yes	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes	
Interventional Pain	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes	
Interventional Pain	63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling	Yes	Yes	
Interventional Pain	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	
Interventional Pain	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Yes	64479, 64480
Interventional Pain	64480	Injection(s), anesthetic agent 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)	Yes	Yes	64479, 64480
Interventional Pain	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	64483, 64484
Interventional Pain	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes	Yes	64483, 64484
Interventional Pain	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495
Interventional Pain	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495
Interventional Pain	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495
Interventional Pain	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495
Interventional Pain	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495
Interventional Pain	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520
Interventional Pain	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) Prior authorization requests for injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans) should be directed to Network Health Wisconsin by calling the telephone number on the back of the patient's insurance ID card.	Yes	Yes	64510, 64520
Interventional Pain	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) -- Removed 2/2/2016	No	No	
Interventional Pain	64620	Destruction by neurolytic agent, intercostal nerve	Yes	Yes	64620
Interventional Pain	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	64633, 64634, 64635, 64636
Interventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636
Interventional Pain	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	64633, 64634, 64635, 64636
Interventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636
Interventional Pain	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	Yes	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes	
Interventional Pain	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	
Interventional Pain	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	Yes	
Interventional Pain	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Yes	
Interventional Pain	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	
Interventional Pain	M0076	Prolotherapy	Yes	Yes	M0076
Interventional Pain	0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes	
Interventional Pain	0628T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes	
Interventional Pain	0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes	
Interventional Pain	0630T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes	

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Network Health Plan WI

Prior Authorization Procedure List: Joint Services (Hip/Knee/Shoulder)

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	23000	Removal of subdeltoid calcareous deposits, open	Yes	Yes	23000, 23020
Joint Surgery	23020	Capsular contracture release (eg, Sever type procedure)	Yes	Yes	23000, 23020
Joint Surgery	23100	Arthrotomy, glenohumeral joint, including biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	23120	Claviclectomy; partial	Yes	Yes	23120
Joint Surgery	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Yes	Yes	23130
Joint Surgery	23190	Ostectomy of scapula, partial (eg, superior medial angle)	Yes	Yes	23190
Joint Surgery	23395	Muscle transfer, any type, shoulder or upper arm; single	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	23397	Muscle transfer, any type, shoulder or upper arm; multiple	Yes	Yes	23395, 23397, 23430, 23440

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	23405	Tenotomy, shoulder area; single tendon	Yes	Yes	23405, 23406
Joint Surgery	23406	Tenotomy, shoulder area; multiple tendons through same incision	Yes	Yes	23405, 23406
Joint Surgery	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Yes	Yes	23410, 23412
Joint Surgery	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Yes	Yes	23410, 23412
Joint Surgery	23415	Coracoacromial ligament release, with or without acromioplasty	Yes	Yes	23415, 23420
Joint Surgery	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Yes	Yes	23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440
Joint Surgery	23430	Tenodesis of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	23440	Resection or transplantation of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	23460	Capsulorrhaphy, anterior, any type; with bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470
Joint Surgery	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470
Joint Surgery	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Yes	Yes	23470, 23472
Joint Surgery	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Yes	Yes	23470, 23472
Joint Surgery	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Yes	Yes	23473, 23472
Joint Surgery	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Yes	Yes	23473, 23472

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	23480	Osteotomy, clavicle, with or without internal fixation;	Yes	Yes	23480
Joint Surgery	23800	Arthrodesis, glenohumeral joint;	Yes	Yes	23800, 23802
Joint Surgery	23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	Yes	Yes	23800, 23802
Joint Surgery	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Yes	Yes	27033
Joint Surgery	27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	Yes	Yes	27035
Joint Surgery	27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	Yes	Yes	27036
Joint Surgery	27050	Arthrotomy, with biopsy; sacroiliac joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	27052	Arthrotomy, with biopsy; hip joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	27054	Arthrotomy with synovectomy, hip joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	27060	Excision; ischial bursa	Yes	Yes	27060, 27062,
Joint Surgery	27062	Excision; trochanteric bursa or calcification	Yes	Yes	27060, 27062,
Joint Surgery	27080	Coccygectomy, primary	Yes	Yes	27080
Joint Surgery	27090	Removal of hip prosthesis; (separate procedure)	Yes	Yes	27090, 27091
Joint Surgery	27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Yes	Yes	27090, 27091
Joint Surgery	27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Yes	Yes	27122, 27125, 27130
Joint Surgery	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Yes	Yes	27122, 27125, 27130
Joint Surgery	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Yes	Yes	27122, 27125, 27130
Joint Surgery	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Yes	Yes	27132

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27146	Osteotomy, iliac, acetabular or innominate bone;	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27161	Osteotomy, femoral neck (separate procedure)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	27282	Arthrodesis, symphysis pubis (including obtaining graft)	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	27284	Arthrodesis, hip joint (including obtaining graft);	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	27330	Arthrotomy, knee; with synovial biopsy only	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335
Joint Surgery	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335
Joint Surgery	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335
Joint Surgery	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335
Joint Surgery	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335
Joint Surgery	27340	Excision, prepatellar bursa	Yes	Yes	27340, 23745, 27347
Joint Surgery	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Yes	Yes	27340, 23745, 27347
Joint Surgery	27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Yes	Yes	27340, 23745, 27347
Joint Surgery	27350	Patellectomy or hemipatellectomy	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	27403	Arthrotomy with meniscus repair, knee	Yes	Yes	27403
Joint Surgery	27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Yes	Yes	27405, 27407, 27409
Joint Surgery	27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Yes	Yes	27405, 27407, 27409
Joint Surgery	27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Yes	Yes	27405, 27407, 27409
Joint Surgery	27412	Autologous chondrocyte implantation, knee	Yes	Yes	27412, 27415, 27416
Joint Surgery	27415	Osteochondral allograft, knee, open	Yes	Yes	27412, 27415, 27416
Joint Surgery	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Yes	Yes	27412, 27415, 27416
Joint Surgery	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Yes	Yes	27418
Joint Surgery	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Yes	Yes	27350, 27420, 27422, 27424

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	27424	Reconstruction of dislocating patella; with patellectomy	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	27425	Lateral retinacular release, open	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	Yes	
Joint Surgery	27438	Arthroplasty, patella; with prosthesis	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27440	Arthroplasty, knee, tibial plateau;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	27486, 27487, 27488
Joint Surgery	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Yes	Yes	27486, 27487, 27488
Joint Surgery	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Yes	Yes	27486, 27487, 27488
Joint Surgery	27580	Arthrodesis, knee, any technique	Yes	Yes	27580
Joint Surgery	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29822	Arthroscopy, shoulder, surgical; debridement, limited	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29823	Arthroscopy, shoulder, surgical; debridement, extensive	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	29863	Arthroscopy, hip, surgical; with synovectomy	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29873	Arthroscopy, knee, surgical; with lateral release	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Joint Surgery	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
Joint Surgery	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	29916	Arthroscopy, hip, surgical; with labral repair	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	Yes	

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Network Health Plan WI Prior Authorization Procedure List: Spine Surgery

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Yes	No	20930, 20931
Spine Surgery	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Yes	No	20930, 20931
Spine Surgery	20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Yes	No	
Spine Surgery	20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	No	
Spine Surgery	20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	No	
Spine Surgery	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Yes	No	20974, 20975, 20979
Spine Surgery	20975	Electrical stimulation to aid bone healing; invasive (operative)	Yes	No	20974, 20975, 20979
Spine Surgery	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Yes	No	20974, 20975, 20979
Spine Surgery	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Yes	No	22100, 22101, 22103, 22110, 22112, 22116
Spine Surgery	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Yes	No	22100, 22101, 22103, 22110, 22112, 22114, 22116
Spine Surgery	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Yes	No	22101, 22102, 22103, 22112, 22114, 22116
Spine Surgery	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Yes	No	22100, 22101, 22103, 22110, 22112, 22114, 22116

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Yes	No	22100, 22101, 22103, 22110, 22112, 22116
Spine Surgery	22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Yes	No	22100, 22101, 22103, 22110, 22112, 22114, 22116
Spine Surgery	22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Yes	No	22101, 22102, 22103, 22112, 22114, 22116
Spine Surgery	22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	22100, 22101, 22103, 22110, 22112, 22114, 22116
Spine Surgery	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Yes	No	22206, 22207, 22208, 22210, 22212, 22214, 22216
Spine Surgery	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Yes	No	22206, 22207, 22208, 22212, 22214, 22216
Spine Surgery	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	22206, 22207, 22208, 22210, 22212, 22214, 22216
Spine Surgery	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	No	22206, 22208, 22210, 22212, 22214, 22216
Spine Surgery	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	No	22206, 22207, 22208, 22210, 22212, 22214, 22216
Spine Surgery	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	No	22206, 22207, 22208, 22212, 22214, 22216
Spine Surgery	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Yes	No	22206, 22207, 22208, 22210, 22212, 22214, 22216
Spine Surgery	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Yes	No	22220, 22222, 22226
Spine Surgery	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	No	22220, 22222, 22224, 22226
Spine Surgery	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	No	22222, 22224, 22226

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	22220, 22222, 22224, 22226
Spine Surgery	22505	Manipulation of spine requiring anesthesia, any region	Yes	No	22505
Spine Surgery	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	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; thoracic	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes	No	22510, 22511, 22512, 22513, 22514, 22515
Spine Surgery	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	No	22532, 22533, 22534
Spine Surgery	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	No	22532, 22533, 22534
Spine Surgery	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	22532, 22533, 22534
Spine Surgery	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Yes	No	22548, 22551, 22552, 22554, 22556, 22585

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	No	22548, 22551, 22552, 22554, 22556, 22585
Spine Surgery	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)	Yes	No	22548, 22551, 22552, 22554, 22556, 22585, 22558
Spine Surgery	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Yes	No	22548, 22551, 22552, 22554, 22556, 22585
Spine Surgery	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	No	22548, 22551, 22552, 22554, 22556, 22585, 22558
Spine Surgery	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	No	22552, 22556, 22558, 22585
Spine Surgery	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Yes	No	22548, 22551, 22552, 22554, 22556, 22585, 22558
Spine Surgery	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Yes	No	22586
Spine Surgery	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Yes	No	22590, 22595, 22600, 22610, 22614, 22632, 22634
Spine Surgery	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	No	22590, 22595, 22600, 22610, 22614, 22632, 22634
Spine Surgery	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)	Yes	No	22610, 22612, 22614, 22630, 22632, 22633, 22634
Spine Surgery	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Yes	No	22610, 22612, 22614, 22630, 22632, 22633, 22634
Spine Surgery	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)	Yes	No	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634
Spine Surgery	22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Lumbar	Yes	No	22610, 22612, 22614, 22630, 22632, 22633, 22634

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Yes	No	22818, 22819
Spine Surgery	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Yes	No	22818, 22819
Spine Surgery	22830	Exploration of spinal fusion	Yes	No	22830
Spine Surgery	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844
Spine Surgery	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844
Spine Surgery	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844
Spine Surgery	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844
Spine Surgery	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844
Spine Surgery	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847
Spine Surgery	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847
Spine Surgery	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Yes	No	22848
Spine Surgery	22849	Reinsertion of spinal fixation device	Yes	No	22849
Spine Surgery	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Yes	No	22850
Spine Surgery	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Yes	No	22853, 22854, 22859
Spine Surgery	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Yes	No	22853, 22854, 22859
Spine Surgery	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Yes	No	22856, 22858 22861
Spine Surgery	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Yes	No	22857, 22862
Spine Surgery	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Yes	No	22856, 22858 22861
Spine Surgery	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous effect (List separately in addition to code for primary procedure)	Yes	No	22853, 22854, 22859
Spine Surgery	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Yes	No	22856,22858, 22861
Spine Surgery	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	No	22857, 22862

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Yes	No	22867, 22868, 22869, 22870
Spine Surgery	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Yes	No	22867, 22868, 22869, 22870
Spine Surgery	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Yes	No	22867, 22868, 22869, 22870
Spine Surgery	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Yes	No	22867, 22868, 22869, 22870
Spine Surgery	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Yes	No	27279, 27280, 27282, 27284, 27286
Spine Surgery	27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Yes	No	27279, 27280, 27282, 27284, 27286
Spine Surgery	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Yes	No	62380
Spine Surgery	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	Yes	No	63001, 63003, 63015, 63016
Spine Surgery	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Yes	No	63001, 63003, 63005, 63012, 63015, 63016, 63017
Spine Surgery	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Yes	No	63003, 63005, 63011, 63012, 63016, 63017
Spine Surgery	63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Yes	No	63005, 63011, 63012, 63016, 63017

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Yes	No	63003, 63005, 63011, 63012, 63016, 63017
Spine Surgery	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Yes	No	63001, 63003, 63015, 63016
Spine Surgery	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Yes	No	63001, 63003, 63005, 63012, 63015, 63016, 63017
Spine Surgery	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Yes	No	63003, 63005, 63011, 63012, 63016, 63017
Spine Surgery	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Yes	No	63020, 63035, 63040, 63043
Spine Surgery	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes	No	63030, 63035, 63042, 63044
Spine Surgery	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 primary procedure)	Yes	No	63020, 63030, 63035, 63040, 63042, 63043, 63044
Spine Surgery	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Yes	No	63020, 63035, 63043
Spine Surgery	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Yes	No	63030, 63035, 63042, 63044
Spine Surgery	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 addition to code for primary procedure)	Yes	No	63020, 63035, 63040, 63043
Spine Surgery	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Yes	No	63030, 63035, 63042, 63044
Spine Surgery	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Yes	No	63045, 63046, 63048

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Yes	No	63045, 63046, 63047, 63048
Spine Surgery	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Yes	No	63046, 63047, 63048
Spine Surgery	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	No	63045, 63046, 63047, 63048
Spine Surgery	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Yes	No	63050, 63051
Spine Surgery	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 [eg, wire, suture, mini-plates], when performed)	Yes	No	63050, 63051
Spine Surgery	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	No	
Spine Surgery	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	No	
Spine Surgery	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Yes	No	63055, 63056, 63057
Spine Surgery	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Yes	No	63055, 63056, 63057
Spine Surgery	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Yes	No	63055, 63056, 63057
Spine Surgery	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Yes	No	63064, 63066

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Yes	No	63064, 63066
Spine Surgery	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Yes	No	63075, 63076, 63077, 63078
Spine Surgery	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)	Yes	No	63075, 63076, 63077, 63078
Spine Surgery	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Yes	No	63075, 63076, 63077, 63078
Spine Surgery	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Yes	No	63075, 63076, 63077, 63078
Spine Surgery	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Yes	No	63081, 63082
Spine Surgery	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Yes	No	63081, 63082
Spine Surgery	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Yes	No	63085, 63086
Spine Surgery	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)	Yes	No	63085, 63086
Spine Surgery	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Yes	No	63087, 63088
Spine Surgery	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	No	63087, 63088
Spine Surgery	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Yes	No	63090, 63091

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Yes	No	63090, 63091
Spine Surgery	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	Yes	No	63101, 63102, 63103
Spine Surgery	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	Yes	No	63101, 63102, 63103
Spine Surgery	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Yes	No	63101, 63102, 63103
Spine Surgery	63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	Yes	No	63170
Spine Surgery	63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	Yes	No	63180, 63182
Spine Surgery	63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	Yes	No	63180, 63182
Spine Surgery	63185	Laminectomy with rhizotomy; 1 or 2 segments	Yes	No	63185, 63190, 63295
Spine Surgery	63190	Laminectomy with rhizotomy; more than 2 segments	Yes	No	63185, 63190, 63295
Spine Surgery	63191	Laminectomy with section of spinal accessory nerve	Yes	No	63191
Spine Surgery	63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	Yes	No	63172, 63173, 63185, 63190, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No	
Spine Surgery	0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure)	Yes	No	
Spine Surgery	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	No	0163T
Spine Surgery	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	No	0164T
Spine Surgery	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	No	0165T
Spine Surgery	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Yes	No	0200T, 0201T
Spine Surgery	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Yes	No	0200T, 0201T
Spine Surgery	0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Yes	No	0202T
Spine Surgery	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	No	0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Spine Surgery	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Yes	No	0219T, 0220T, 0222T
Spine Surgery	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Yes	No	0219T, 0220T, 0222T
Spine Surgery	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Yes	No	0221T, 0220T, 0222T

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	0219T, 0220T, 0221T, 0222T
Spine Surgery	0274T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic.	Yes	No	
Spine Surgery	0275T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar	Yes	No	
Spine Surgery	E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	No	E0748
Spine Surgery	E0749	Osteogenesis stimulator, electrical, surgically implanted	Yes	No	E0749
Spine Surgery	E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	No	E0760
Spine Surgery	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Yes	No	S2348
Spine Surgery	S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	Yes	No	S2350, S2351
Spine Surgery	S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (List separately in addition to code for primary procedure)	Yes	No	S2350, S2351

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Network Health Plan WI

Prior Authorization Procedure List: Radiation Oncology

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Brachytherapy				
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Yes	Yes	77750
77761	Intracavitary radiation source application; simple	Yes	Yes	77761
77762	Intracavitary radiation source application; intermediate	Yes	Yes	77761, 77762
77763	Intracavitary radiation source application; complex	Yes	Yes	77761, 77762, 77763
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes	77767
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes	77767, 77768
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes	77770
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes	77770, 77771
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes	77770, 77771, 77772
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes	77778
0394T	HDR electronic brachytherapy, skin surface application, per fraction	Yes	Yes	
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes	

CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Stereotactic Radiation Therapy				
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Yes	Yes	77371
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	Yes	77372, G0339
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Yes	Yes	77373, G0339, G0340
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes	G0339
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Yes	Yes	G0340
Intensity Modulated Radiation Therapy (IMRT)				
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes	Yes	77385
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes	Yes	77385, 77386
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes	Yes	G6015
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Yes	Yes	G6015, G6016
Neutron Beam Radiation Therapy				
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Yes	Yes	77423
Intraoperative Radiation Therapy (IORT)				
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes	77424
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes	77425

CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Proton Beam Radiation Therapy				
77520	Proton treatment delivery; simple, without compensation	Yes	Yes	77520
77522	Proton treatment delivery; simple, with compensation	Yes	Yes	77520, 77522
77523	Proton treatment delivery; intermediate	Yes	Yes	77520, 77522, 77523
77525	Proton treatment delivery; complex	Yes	Yes	77520, 77522, 77523, 77525
Hyperthermia Treatment				
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes	77600
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes	77600, 77605
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes	77600, 77605, 77610
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes	77600, 77605, 77610, 77615
77620	Hyperthermia generated by intracavitary probe(s)	Yes	Yes	77600, 77605, 77610, 77615, 77620
Radiation Treatment Management				
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	Yes	Yes	
Radiation Treatment Delivery				
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Yes	Yes	77401
77402	Radiation treatment delivery, >1 MeV; simple	Yes	Yes	77402
77407	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks;>=1 MeV; intermediate	Yes	Yes	77402, 77407
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex	Yes	Yes	77402, 77407, 77412
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	Yes	G6003
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes	Yes	G6003, G6004
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes	Yes	G6003, G6004, G6005
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Yes	Yes	G6003, G6004, G6005, G6006
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007

CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014
Radiologic Guidance				
77014	Computed tomography guidance for placement of radiation therapy fields	Yes	Yes	77014
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes	77387
G6001	Ultrasonic guidance for placement of radiation therapy fields	Yes	Yes	G6001
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	Yes	G6001, G6002, 77014
Therapeutic Radiopharmaceuticals				
79101	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes	79101
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	Yes	A9606
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes	79005
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Yes	Yes	79403
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	Yes	A9513

CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Yes	Yes	A9543
A9590	Iodine i-131, iobenguane, 1 millicurie	Yes	Yes	A9590
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie			
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	Yes	A9699

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Network Health Plan WI

Prior Authorization Procedure List: Physical Therapy & Occupational Therapy

The following codes can be submitted under the approved PT/OT treatment.

***C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
PT/OT	90901	Biofeedback Training By Any Modality	Yes	Yes	
PT/OT	95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	Yes	Yes	
PT/OT	95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	Yes	Yes	
PT/OT	95992	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day	Yes	Yes	
PT/OT	97010	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs	Yes	Yes	
PT/OT	97012	Application Of A Modality To 1 Or More Areas; Traction, Mechanical	Yes	Yes	
PT/OT	97014	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)	Yes	Yes	
PT/OT	97016	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices	Yes	Yes	
PT/OT	97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	Yes	Yes	
PT/OT	97022	Application Of A Modality To 1 Or More Areas; Whirlpool	Yes	Yes	
PT/OT	97024	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)	Yes	Yes	
PT/OT	97026	Application Of A Modality To 1 Or More Areas; Infrared	Yes	Yes	
PT/OT	97028	Application Of A Modality To 1 Or More Areas; Ultraviolet	Yes	Yes	
PT/OT	97032	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	Yes	Yes	
PT/OT	97033	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes	Yes	Yes	
PT/OT	97034	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes	Yes	Yes	
PT/OT	97035	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes	Yes	Yes	
PT/OT	97036	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes	Yes	Yes	
PT/OT	97039	Unlisted Modality (Specify Type And Time If Constant Attendance)	Yes	Yes	
PT/OT	97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility	Yes	Yes	
PT/OT	97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities	Yes	Yes	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
PT/OT	97113	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises	Yes	Yes	
PT/OT	97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)	Yes	Yes	
PT/OT	97139	Unlisted Therapeutic Procedure (Specify)	Yes	Yes	
PT/OT	97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes	Yes	Yes	
PT/OT	97150	Therapeutic Procedure(S), Group (2 Or More Individuals)	Yes	Yes	
PT/OT	97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes	Yes	Yes	
PT/OT	97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	Yes	Yes	
PT/OT	97535	Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes	Yes	Yes	
PT/OT	97537	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Contact, Each 15 Minutes	Yes	Yes	
PT/OT	97542	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes	Yes	Yes	
PT/OT	97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less	Yes	Yes	
PT/OT	97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	
PT/OT	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Yes	Yes	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
PT/OT	97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters	Yes	Yes	
PT/OT	97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters	Yes	Yes	
PT/OT	97750	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes	Yes	Yes	
PT/OT	97755	Assistive Technology Assessment (Eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes	Yes	Yes	
PT/OT	97799	Unlisted Physical Medicine/Rehabilitation Service Or Procedure	Yes	Yes	
PT/OT	G0151	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes	
PT/OT	G0152	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes	
PT/OT	G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes	
PT/OT	G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes	
PT/OT	G0159	Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	Yes	Yes	
PT/OT	G0160	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	Yes	Yes	
PT/OT	G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.	Yes	Yes	
PT/OT	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281	Yes	Yes	
PT/OT	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care	Yes	Yes	
PT/OT	G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care	Yes	Yes	

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Network Health Plan WI

Prior Authorization Procedure List: Gastroenterology Upper and Lower GI

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
EGD	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	43235
Capsule Endoscopy	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Yes	
EGD	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235
EGD	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235
EGD	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Yes	Yes	43235
EGD	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Yes	Yes	43235
EGD	43211	Esophagoscopy flexible transoral mucosal resection	Yes	Yes	43235
EGD	43212	Esophagoscopy transoral stent placement	Yes	Yes	43235
EGD	43213	Esophagoscopy retrograde dilate balloon/other	Yes	Yes	43235
EGD	43214	Esophagoscopy dilate esophagus balloon 30 mm	Yes	Yes	43235
EGD	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235
EGD	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235
EGD	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235
EGD	43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Yes	Yes	43235
EGD	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Yes	Yes	43235
EGD	43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235
EGD	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
EGD	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Yes	Yes	43235
EGD	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	
EGD	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235
EGD	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235
EGD	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Yes	Yes	43235
EGD	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Yes	Yes	43235
EGD	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Yes	Yes	43235
EGD	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Yes	Yes	43235
EGD	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Yes	Yes	43235
EGD	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235
EGD	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Yes	Yes	43235
EGD	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	Yes	43235
EGD	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235
EGD	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235
EGD	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	Yes	43235
EGD	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235
EGD	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235
EGD	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235
Colonoscopy	44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	45378

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Colonoscopy	44389	Colonoscopy through stoma; with biopsy, single or multiple	Yes	Yes	45378
Colonoscopy	44390	Colonoscopy through stoma; with removal of foreign body(s)	Yes	Yes	45378
Colonoscopy	44391	Colonoscopy through stoma; with control of bleeding, any method	Yes	Yes	45378
Colonoscopy	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	45378
Colonoscopy	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	45378
Colonoscopy	44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Yes	Yes	45378
Colonoscopy	44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378
Colonoscopy	44403	Colonoscopy through stoma; with endoscopic mucosal resection	Yes	Yes	45378
Colonoscopy	44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Yes	Yes	45378
Colonoscopy	44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Yes	Yes	45378
Colonoscopy	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed	Yes	Yes	
Colonoscopy	45379	Colonoscopy flexible with removal of foreign body(s)	Yes	Yes	45378
Colonoscopy	45380	Colonoscopy flexible with biopsy single/multiple	Yes	Yes	45378
Colonoscopy	45381	Colonoscopy flexible with directed submucosal injection any substance	Yes	Yes	45378
Colonoscopy	45382	Colonoscopy flexible with control bleeding any method	Yes	Yes	45378
Colonoscopy	45384	Colonoscopy flexible with removal lesion by hot biopsy forceps	Yes	Yes	45378
Colonoscopy	45385	Colonoscopy flexible with removal of tumor polyp lesion by snare	Yes	Yes	45378
Colonoscopy	45386	Colonoscopy flexible with transendoscopic balloon dilatation	Yes	Yes	45378
Colonoscopy	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378
Colonoscopy	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Colonoscopy	45390	Colonoscopy flexible with endoscopic mucosal resection	Yes	Yes	45378
Colonoscopy	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	Yes	45378
Colonoscopy	45398	Colonoscopy flexible with band ligation(s)	Yes	Yes	45378
Capsule Endoscopy	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report.	Yes	Yes	
Capsule Endoscopy	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Yes	Yes	

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Oncology Primary and Supportive Therapies Drug List

For the current Medical Oncology Code Lists, click [here](#).



Network Health Plan WI Lab Management Code List

For the current Laboratory Management Code List, click [here](#).