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## Network Health Plan WI

### Prior Authorization Procedure List: Radiology - Advanced Imaging

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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	<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	No	
BMRI	<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	No	
BMRI	<b>77048</b>	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	<b>77049</b>	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	
CT	<b>70450</b>	Computed tomography, head or brain; without contrast material	Yes	No	70450, 70460, 70470
CT	<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	Yes	No	70450, 70460, 70470
CT	<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Yes	No	70450, 70460, 70470
CT	<b>70480</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Yes	No	70480, 70481, 70482
CT	<b>70481</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Yes	No	70480, 70481, 70482
CT	<b>70482</b>	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	<b>70486</b>	Computed tomography, maxillofacial area; without contrast material	Yes	No	70486, 70487, 70488, 76380
CT	<b>70487</b>	Computed tomography, maxillofacial area; with contrast material(s)	Yes	No	70486, 70487, 70488, 76380
CT	<b>70488</b>	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Yes	No	70486, 70487, 70488, 76380
CT	<b>70490</b>	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	<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)	Yes	No	70490, 70491, 70492, 72125, 72126, 72127
CT	<b>70492</b>	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	<b>70496</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	70496
CT	<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	70498
CT	<b>71250</b>	Computed tomography, thorax; without contrast material	Yes	No	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170
CT	<b>71260</b>	Computed tomography, thorax; with contrast material(s)	Yes	No	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170
CT	<b>71270</b>	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	<b>71271</b>	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	No	
CT	<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	71275
CT	<b>71550</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	No	71550, 71551, 71552
CT	<b>71551</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	No	71550, 71551, 71552
CT	<b>71552</b>	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	<b>71555</b>	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	<b>72125</b>	Computed tomography, cervical spine; without contrast material	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	<b>72126</b>	Computed tomography, cervical spine; with contrast material	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	<b>72127</b>	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72125, 72126, 72127, 70490, 70491, 70492
CT	<b>72128</b>	Computed tomography, thoracic spine; without contrast material	Yes	No	72128, 72129, 72130
CT	<b>72129</b>	Computed tomography, thoracic spine; with contrast material	Yes	No	72128, 72129, 72130
CT	<b>72130</b>	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72128, 72129, 72130
CT	<b>72131</b>	Computed tomography, lumbar spine; without contrast material	Yes	No	72131, 72132, 72133
CT	<b>72132</b>	Computed tomography, lumbar spine; with contrast material	Yes	No	72131, 72132, 72133
CT	<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes	No	72131, 72132, 72133
CT	<b>72191</b>	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	72191
CT	<b>72192</b>	Computed tomography, pelvis; without contrast material	Yes	No	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170
CT	<b>72193</b>	Computed tomography, pelvis; with contrast material(s)	Yes	No	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170
CT	<b>72194</b>	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	<b>73200</b>	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	<b>73201</b>	Computed tomography, upper extremity; with contrast material(s)	Yes	No	73200, 73201, 73202
CT	<b>73202</b>	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Yes	No	73200, 73201, 73202
CT	<b>73206</b>	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	73206
CT	<b>73700</b>	Computed tomography, lower extremity; without contrast material	Yes	No	73700, 73701, 73702
CT	<b>73701</b>	Computed tomography, lower extremity; with contrast material(s)	Yes	No	73700, 73701, 73702
CT	<b>73702</b>	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Yes	No	73700, 73701, 73702
CT	<b>73706</b>	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	73706
CT	<b>74150</b>	Computed tomography, abdomen; without contrast material	Yes	No	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194
CT	<b>74160</b>	Computed tomography, abdomen; with contrast material(s)	Yes	No	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194
CT	<b>74170</b>	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	<b>74174</b>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	74174
CT	<b>74175</b>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	No	74175
CT	<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	Yes	No	74176, 74177, 74178
CT	<b>74177</b>	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	<b>74178</b>	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	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	No	74261, 74262
CT	<b>74262</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes	No	74261, 74262
CT	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	No	74263
CT	<b>75635</b>	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	<b>76380</b>	Computed tomography, limited or localized follow-up study	Yes	No	76380, 70486, 70487, 70488
CT	<b>76497</b>	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	No	76497
CT	<b>0633T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	I/E	No	
CT	<b>0634T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	I/E	No	
CT	<b>0635T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	I/E	No	
CT	<b>0636T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	I/E	No	
CT	<b>0637T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	I/E	No	
CT	<b>0638T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	I/E	No	
CT	<b>S8092</b>	CT Electron Beam (also known as Ultrafast CT, Cine CT), for calcium scoring	Yes	No	S8092
MR	<b>70336</b>	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	No	70336
MR	<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	<b>70543</b>	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	<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)	Yes	No	70544, 70545, 70546
MR	<b>70545</b>	Magnetic resonance angiography, head; with contrast material(s)	Yes	No	70544, 70545, 70546
MR	<b>70546</b>	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	70544, 70545, 70546
MR	<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)	Yes	No	70547, 70548, 70549
MR	<b>70548</b>	Magnetic resonance angiography, neck; with contrast material(s)	Yes	No	70547, 70548, 70549
MR	<b>70549</b>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	70547, 70548, 70549
MR	<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	No	70551, 70552, 70553, 70540, 70542, 70543
MR	<b>70553</b>	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	<b>70554</b>	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	<b>70555</b>	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	No	70554, 70555
MR	<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	No	72141, 72142, 72156, 70540, 70542, 70543
MR	<b>72146</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	No	72146, 72147, 72157
MR	<b>72147</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	No	72146, 72147, 72157
MR	<b>72148</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	No	72148, 72149, 72158
MR	<b>72149</b>	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	<b>72156</b>	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	<b>72157</b>	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	<b>72158</b>	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	<b>72159</b>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	No	72159
MR	<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	No	72195, 72196, 72197
MR	<b>72196</b>	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	No	72195, 72196, 72197
MR	<b>72197</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	No	72195, 72196, 72197
MR	<b>72198</b>	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	No	72198
MR	<b>73218</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	No	73218, 73219, 73220
MR	<b>73219</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	No	73218, 73219, 73220
MR	<b>73220</b>	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	<b>73221</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	No	73221, 73222, 73223
MR	<b>73222</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	No	73221, 73222, 73223
MR	<b>73223</b>	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	<b>73225</b>	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	No	73225
MR	<b>73718</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	<b>73719</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	<b>73720</b>	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	<b>73721</b>	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	<b>73722</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	No	73718, 73719, 73720, 73721, 73722, 73723
MR	<b>73723</b>	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	<b>73725</b>	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	No	73725
MR	<b>74181</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	No	74181, 74182, 74183, S8037
MR	<b>74182</b>	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	No	74181, 74182, 74183, S8037
MR	<b>74183</b>	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	<b>74185</b>	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	No	74185
MR	<b>74712</b>	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	<b>74713</b>	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	<b>76390</b>	Magnetic resonance spectroscopy	Yes	No	76390
MR	<b>76498</b>	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	No	76498
MR	<b>77084</b>	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	No	77084
MR	<b>0609T</b>	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	
MR	<b>0610T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	I/E	No	
MR	<b>0611T</b>	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	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
MR	<b>0612T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	I/E	No	
MR	<b>S8035</b>	Magnetic Source Imaging (MSI)	Yes	No	S8035
MR	<b>S8037</b>	Magnetic resonance cholangiopancreatography (MRCP)	Yes	No	S8037, 74181, 74182, 74183
MR	<b>S8042</b>	MRI Low Field	Yes	No	S8042
MRI	<b>76391</b>	Magnetic resonance (eg, vibration) elastography	Yes	No	
MRI	<b>C8937</b>	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	No	No	
PET	<b>78459</b>	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	<b>78491</b>	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	<b>78492</b>	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	<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	No	78608, 78609
PET	<b>78609</b>	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	No	78609, 78609
PET	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	<b>78813</b>	Positron emission tomography (PET) imaging; whole body	Yes	No	78811, 78812, 78813, 78814, 78815, 78816
PET	<b>78814</b>	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	<b>78815</b>	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

Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
PET	<b>78816</b>	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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## Network Health Plan WI

### Prior Authorization Procedure List: Cardiology

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Catheterization	<b>93451</b>	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Yes	No	93451
Catheterization	<b>93452</b>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93452
Catheterization	<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93453
Catheterization	<b>93454</b>	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	<b>93455</b>	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	<b>93456</b>	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	<b>93457</b>	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	<b>93458</b>	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	<b>93459</b>	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	<b>93460</b>	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	<b>93461</b>	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	<b>93530</b>	Right heart catheterization, for congenital cardiac anomalies	Yes	No	93530
Catheterization	<b>93531</b>	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	Yes	No	93531
Catheterization	<b>93532</b>	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	Yes	No	93532
Catheterization	<b>93533</b>	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	Yes	No	93533
CT	<b>75571</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	No	75571
CT	<b>75572</b>	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
CT	<b>75573</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Yes	No	75573

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
CT	<b>75574</b>	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	<b>0501T</b>	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	<b>0502T</b>	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	<b>0503T</b>	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	<b>0504T</b>	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	<b>93303</b>	Transthoracic echocardiography for congenital cardiac anomalies; complete	Yes	No	93303, 93304, +93320, +93321, +93325
Echo	<b>93304</b>	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Yes	No	93303, 93304, +93320, +93321, +93325
Echo	<b>93306</b>	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

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Echo	<b>93307</b>	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	<b>93308</b>	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	<b>93312</b>	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	<b>93313</b>	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	<b>93314</b>	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	<b>93315</b>	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	<b>93316</b>	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	<b>93317</b>	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Yes	No	93315, 93316, 93317, +93320, +93321, +93325
Echo	<b>93318</b>	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	<b>93320</b>	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	<b>93321</b>	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	<b>93325</b>	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	<b>93350</b>	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

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Echo	<b>93351</b>	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	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	No	75557, 75559, 75561, 75563, +75565
MR	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	No	75557, 75559, 75561, 75563, +75565
MR	<b>75561</b>	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	<b>75563</b>	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	<b>75565</b>	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	No	75557, 75559, 75561, 75563, +75565
Nuc Card	<b>78414</b>	Non-Imaging Heart Function	Yes	No	
Nuc Card	<b>78428</b>	Cardiac Shunt Imaging	Yes	No	
Nuc Card	<b>78451</b>	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	<b>78452</b>	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	<b>78453</b>	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



Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Nuc Card	<b>78454</b>	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	<b>78466</b>	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
Nuc Card	<b>78468</b>	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	<b>78469</b>	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	<b>78472</b>	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	<b>78473</b>	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
Nuc Card	<b>78481</b>	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	<b>78483</b>	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	<b>78494</b>	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
MRI	<b>C9762</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging			
MRI	<b>C9763</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging			

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Nuc Card	<b>78496</b>	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	<b>78499</b>	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	<b>22526</b>	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes	
Interventional Pain	<b>22527</b>	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	<b>27096</b>	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	Yes	27096
Interventional Pain	<b>62263</b>	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	<b>62264</b>	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	<b>62280</b>	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	<b>62281</b>	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	<b>62282</b>	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	<b>62287</b>	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	<b>62292</b>	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	Yes	
Interventional Pain	<b>62310</b>	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	<b>62311</b>	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	<b>62318</b>	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	<b>62319</b>	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	<b>62320</b>	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	<b>62321</b>	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	<b>62322</b>	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	<b>62323</b>	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	<b>62324</b>	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	<b>62325</b>	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	<b>62326</b>	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	<b>62327</b>	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	<b>62350</b>	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	<b>62351</b>	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	<b>62360</b>	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes	
Interventional Pain	<b>62361</b>	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes	
Interventional Pain	<b>62362</b>	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	<b>63650</b>	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes	
Interventional Pain	<b>63655</b>	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes	
Interventional Pain	<b>63685</b>	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling	Yes	Yes	
Interventional Pain	<b>64451</b>	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	<b>64479</b>	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	<b>64480</b>	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	<b>64483</b>	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	<b>64484</b>	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	<b>64490</b>	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	<b>64491</b>	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	<b>64492</b>	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	<b>64493</b>	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	<b>64494</b>	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	<b>64495</b>	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	<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520
Interventional Pain	<b>64520</b>	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Yes	Yes	64510, 64520
Interventional Pain	<b>64581</b>	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) -- Removed 2/2/2016	No	No	
Interventional Pain	<b>64620</b>	Destruction by neurolytic agent, intercostal nerve	Yes	Yes	64620
Interventional Pain	<b>64633</b>	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	<b>64634</b>	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	<b>64635</b>	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	<b>64636</b>	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	<b>0213T</b>	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	
Interventional Pain	<b>0214T</b>	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	<b>0215T</b>	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	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Interventional Pain	<b>0216T</b>	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	<b>0217T</b>	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	<b>0218T</b>	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	<b>G0260</b>	Therapeutic Agent, With Or Without Arthrography	Yes	Yes	
Interventional Pain	<b>M0076</b>	Prolotherapy	Yes	Yes	M0076
Interventional Pain	<b>0627T</b>	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	<b>0628T</b>	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	<b>0629T</b>	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	<b>0630T</b>	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	<b>23000</b>	Removal of subdeltoid calcareous deposits, open	Yes	Yes	23000, 23020
Joint Surgery	<b>23020</b>	Capsular contracture release (eg, Sever type procedure)	Yes	Yes	23000, 23020
Joint Surgery	<b>23100</b>	Arthrotomy, glenohumeral joint, including biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	<b>23101</b>	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	<b>23105</b>	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	<b>23106</b>	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	<b>23107</b>	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Yes	Yes	23100, 23101, 23105, 23106, 23107
Joint Surgery	<b>23120</b>	Claviculectomy; partial	Yes	Yes	23120
Joint Surgery	<b>23130</b>	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Yes	Yes	23130
Joint Surgery	<b>23190</b>	Ostectomy of scapula, partial (eg, superior medial angle)	Yes	Yes	23190
Joint Surgery	<b>23395</b>	Muscle transfer, any type, shoulder or upper arm; single	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	<b>23397</b>	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	<b>23405</b>	Tenotomy, shoulder area; single tendon	Yes	Yes	23405, 23406
Joint Surgery	<b>23406</b>	Tenotomy, shoulder area; multiple tendons through same incision	Yes	Yes	23405, 23406
Joint Surgery	<b>23410</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Yes	Yes	23410, 23412
Joint Surgery	<b>23412</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Yes	Yes	23410, 23412
Joint Surgery	<b>23415</b>	Coracoacromial ligament release, with or without acromioplasty	Yes	Yes	23415, 23420
Joint Surgery	<b>23420</b>	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Yes	Yes	23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440
Joint Surgery	<b>23430</b>	Tenodesis of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	<b>23440</b>	Resection or transplantation of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440
Joint Surgery	<b>23450</b>	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	<b>23455</b>	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	<b>23460</b>	Capsulorrhaphy, anterior, any type; with bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	<b>23462</b>	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466
Joint Surgery	<b>23465</b>	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470
Joint Surgery	<b>23466</b>	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470
Joint Surgery	<b>23470</b>	Arthroplasty, glenohumeral joint; hemiarthroplasty	Yes	Yes	23470, 23472
Joint Surgery	<b>23472</b>	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Yes	Yes	23470, 23472
Joint Surgery	<b>23473</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Yes	Yes	23473, 23472
Joint Surgery	<b>23474</b>	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	<b>23480</b>	Osteotomy, clavicle, with or without internal fixation;	Yes	Yes	23480
Joint Surgery	<b>23800</b>	Arthrodesis, glenohumeral joint;	Yes	Yes	23800, 23802
Joint Surgery	<b>23802</b>	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	Yes	Yes	23800, 23802
Joint Surgery	<b>27033</b>	Arthrotomy, hip, including exploration or removal of loose or foreign body	Yes	Yes	27033
Joint Surgery	<b>27035</b>	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	Yes	Yes	27035
Joint Surgery	<b>27036</b>	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	<b>27050</b>	Arthrotomy, with biopsy; sacroiliac joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	<b>27052</b>	Arthrotomy, with biopsy; hip joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	<b>27054</b>	Arthrotomy with synovectomy, hip joint	Yes	Yes	27050, 27052, 27054
Joint Surgery	<b>27060</b>	Excision; ischial bursa	Yes	Yes	27060, 27062,
Joint Surgery	<b>27062</b>	Excision; trochanteric bursa or calcification	Yes	Yes	27060, 27062,
Joint Surgery	<b>27080</b>	Coccygectomy, primary	Yes	Yes	27080
Joint Surgery	<b>27090</b>	Removal of hip prosthesis; (separate procedure)	Yes	Yes	27090, 27091
Joint Surgery	<b>27091</b>	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Yes	Yes	27090, 27091
Joint Surgery	<b>27122</b>	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Yes	Yes	27122, 27125, 27130
Joint Surgery	<b>27125</b>	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Yes	Yes	27122, 27125, 27130
Joint Surgery	<b>27130</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Yes	Yes	27122, 27125, 27130
Joint Surgery	<b>27132</b>	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	<b>27134</b>	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	<b>27137</b>	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	<b>27138</b>	Revision of total hip arthroplasty; femoral component only, with or without allograft	Yes	Yes	27134, 27137, 27138
Joint Surgery	<b>27140</b>	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27146</b>	Osteotomy, iliac, acetabular or innominate bone;	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27147</b>	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27151</b>	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27156</b>	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	<b>27158</b>	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27161</b>	Osteotomy, femoral neck (separate procedure)	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27165</b>	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Yes	Yes	27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165
Joint Surgery	<b>27282</b>	Arthrodesis, symphysis pubis (including obtaining graft)	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	<b>27284</b>	Arthrodesis, hip joint (including obtaining graft);	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	<b>27286</b>	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Yes	Yes	27279, 27280, 27282, 27284, 27286
Joint Surgery	<b>27330</b>	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	<b>27331</b>	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335
Joint Surgery	<b>27332</b>	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335
Joint Surgery	<b>27333</b>	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335
Joint Surgery	<b>27334</b>	Arthrotomy, with synovectomy, knee; anterior OR posterior	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335
Joint Surgery	<b>27335</b>	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335
Joint Surgery	<b>27340</b>	Excision, prepatellar bursa	Yes	Yes	27340, 27345, 27347
Joint Surgery	<b>27345</b>	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Yes	Yes	27340, 27345, 27347
Joint Surgery	<b>27347</b>	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Yes	Yes	27340, 27345, 27347
Joint Surgery	<b>27350</b>	Patellectomy or hemipatellectomy	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	<b>27403</b>	Arthrotomy with meniscus repair, knee	Yes	Yes	27403
Joint Surgery	<b>27405</b>	Repair, primary, torn ligament and/or capsule, knee; collateral	Yes	Yes	27405, 27407, 27409
Joint Surgery	<b>27407</b>	Repair, primary, torn ligament and/or capsule, knee; cruciate	Yes	Yes	27405, 27407, 27409
Joint Surgery	<b>27409</b>	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Yes	Yes	27405, 27407, 27409
Joint Surgery	<b>27412</b>	Autologous chondrocyte implantation, knee	Yes	Yes	27412, 27415, 27416
Joint Surgery	<b>27415</b>	Osteochondral allograft, knee, open	Yes	Yes	27412, 27415, 27416
Joint Surgery	<b>27416</b>	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Yes	Yes	27412, 27415, 27416
Joint Surgery	<b>27418</b>	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Yes	Yes	27418
Joint Surgery	<b>27420</b>	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	<b>27422</b>	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	<b>27424</b>	Reconstruction of dislocating patella; with patellectomy	Yes	Yes	27350, 27420, 27422, 27424
Joint Surgery	<b>27425</b>	Lateral retinacular release, open	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	<b>27427</b>	Ligamentous reconstruction (augmentation), knee; extra-articular	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	<b>27428</b>	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	<b>27429</b>	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Yes	Yes	27425, 27427, 27428, 27429
Joint Surgery	<b>27430</b>	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	Yes	
Joint Surgery	<b>27438</b>	Arthroplasty, patella; with prosthesis	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27440</b>	Arthroplasty, knee, tibial plateau;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27441</b>	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27442</b>	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27443</b>	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	<b>27445</b>	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447
Joint Surgery	<b>27447</b>	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	<b>27486</b>	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	27486, 27487, 27488
Joint Surgery	<b>27487</b>	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Yes	Yes	27486, 27487, 27488
Joint Surgery	<b>27488</b>	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Yes	Yes	27486, 27487, 27488
Joint Surgery	<b>27580</b>	Arthrodesis, knee, any technique	Yes	Yes	27580
Joint Surgery	<b>29805</b>	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	<b>29806</b>	Arthroscopy, shoulder, surgical; capsulorrhaphy	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29807</b>	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29819</b>	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	<b>29820</b>	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	<b>29821</b>	Arthroscopy, shoulder, surgical; synovectomy, complete	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29822</b>	Arthroscopy, shoulder, surgical; debridement, limited	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29823</b>	Arthroscopy, shoulder, surgical; debridement, extensive	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29824</b>	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	<b>29825</b>	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	<b>29826</b>	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	<b>29827</b>	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	<b>29828</b>	Arthroscopy, shoulder, surgical; biceps tenodesis	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Joint Surgery	<b>29860</b>	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	<b>29861</b>	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	<b>29862</b>	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	<b>29863</b>	Arthroscopy, hip, surgical; with synovectomy	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916
Joint Surgery	<b>29866</b>	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	<b>29867</b>	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	<b>29868</b>	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	<b>29870</b>	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	<b>29873</b>	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	<b>29874</b>	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	<b>29875</b>	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	<b>29876</b>	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	<b>29877</b>	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	<b>29879</b>	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	<b>29880</b>	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	<b>29881</b>	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	<b>29882</b>	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	<b>29883</b>	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	<b>29884</b>	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	<b>29885</b>	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	<b>29886</b>	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	<b>29887</b>	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	<b>29888</b>	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	<b>29889</b>	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	<b>29914</b>	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	<b>29915</b>	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	<b>29916</b>	Arthroscopy, hip, surgical; with labral repair	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863
Joint Surgery	<b>S2118</b>	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	<b>20930</b>	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	<b>20936</b>	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	<b>20937</b>	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	<b>20938</b>	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	<b>20931</b>	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Yes	No	20930, 20931
Spine Surgery	<b>20974</b>	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Yes	No	20974, 20975, 20979
Spine Surgery	<b>20975</b>	Electrical stimulation to aid bone healing; invasive (operative)	Yes	No	20974, 20975, 20979
Spine Surgery	<b>20979</b>	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Yes	No	20974, 20975, 20979
Spine Surgery	<b>22100</b>	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	<b>22101</b>	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	<b>22102</b>	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	<b>22103</b>	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	<b>22110</b>	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	<b>22112</b>	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	<b>22114</b>	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	<b>22116</b>	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	<b>22206</b>	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	<b>22207</b>	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	<b>22208</b>	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	<b>22210</b>	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	No	22206, 22208, 22210, 22212, 22214, 22216
Spine Surgery	<b>22212</b>	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	No	22206, 22207, 22208, 22210, 22212, 22214, 22216
Spine Surgery	<b>22214</b>	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	No	22206, 22207, 22208, 22212, 22214, 22216
Spine Surgery	<b>22216</b>	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	<b>22220</b>	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Yes	No	22220, 22222, 22226
Spine Surgery	<b>22222</b>	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	No	22220, 22222, 22224, 22226
Spine Surgery	<b>22224</b>	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	<b>22226</b>	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	<b>22505</b>	Manipulation of spine requiring anesthesia, any region	Yes	No	22505
Spine Surgery	<b>22510</b>	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	<b>22511</b>	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	<b>22512</b>	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	<b>22513</b>	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	<b>22514</b>	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	<b>22515</b>	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	<b>22532</b>	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	No	22532, 22533, 22534
Spine Surgery	<b>22533</b>	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	No	22532, 22533, 22534
Spine Surgery	<b>22534</b>	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	<b>22548</b>	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	<b>22551</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	No	22548, 22551, 22552, 22554, 22556, 22585
Spine Surgery	<b>22552</b>	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy 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	<b>22554</b>	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	<b>22556</b>	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	<b>22558</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	No	22552, 22556, 22558, 22585
Spine Surgery	<b>22585</b>	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	<b>22586</b>	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	<b>22590</b>	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Yes	No	22590, 22595, 22600, 22610, 22614, 22632, 22634
Spine Surgery	<b>22595</b>	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	No	22590, 22595, 22600, 22610, 22614, 22632, 22634
Spine Surgery	<b>22600</b>	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Yes	No	22590, 22595, 22600, 22610, 22614, 22632, 22634
Spine Surgery	<b>22610</b>	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Yes	No	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634
Spine Surgery	<b>22612</b>	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	<b>22614</b>	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	No	22590, 22595, 22600, 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	<b>22630</b>	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	<b>22632</b>	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	<b>22633</b>	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
Spine Surgery	<b>22634</b>	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; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes	No	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634
Spine Surgery	<b>22800</b>	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	<b>22802</b>	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	<b>22804</b>	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	No	22800, 22802, 22804
Spine Surgery	<b>22808</b>	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	<b>22810</b>	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	<b>22812</b>	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	No	22808, 22810, 22812
Spine Surgery	<b>22818</b>	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	<b>22819</b>	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	<b>22830</b>	Exploration of spinal fusion	Yes	No	22830
Spine Surgery	<b>22840</b>	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	<b>22841</b>	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Yes	No	22840, 22841, 22842, 22843, 22844

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>22842</b>	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	<b>22843</b>	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	<b>22844</b>	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	<b>22845</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847
Spine Surgery	<b>22846</b>	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847
Spine Surgery	<b>22847</b>	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	No	22845, 22846, 22847
Spine Surgery	<b>22848</b>	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	<b>22849</b>	Reinsertion of spinal fixation device	Yes	No	22849
Spine Surgery	<b>22850</b>	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Yes	No	22850
Spine Surgery	<b>22853</b>	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	<b>22854</b>	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	<b>22856</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Yes	No	22856, 22858 22861

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>22857</b>	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	<b>22858</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy 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	<b>22859</b>	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	<b>22861</b>	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Yes	No	22856,22858, 22861
Spine Surgery	<b>22862</b>	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	No	22857, 22862
Spine Surgery	<b>22867</b>	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	<b>22868</b>	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	<b>22869</b>	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	<b>22870</b>	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	<b>27279</b>	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	<b>27280</b>	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Yes	No	27279, 27280, 27282, 27284, 27286

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>62380</b>	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	<b>63001</b>	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	<b>63003</b>	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	<b>63005</b>	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	<b>63011</b>	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
Spine Surgery	<b>63012</b>	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	<b>63015</b>	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	<b>63016</b>	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	<b>63017</b>	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	<b>63020</b>	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	<b>63030</b>	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	<b>63035</b>	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

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>63040</b>	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	<b>63042</b>	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	<b>63043</b>	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	<b>63044</b>	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	<b>63045</b>	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
Spine Surgery	<b>63046</b>	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	<b>63047</b>	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	<b>63048</b>	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	<b>63050</b>	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Yes	No	63050, 63051
Spine Surgery	<b>63051</b>	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	<b>63055</b>	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



Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>63056</b>	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	<b>63057</b>	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	<b>63064</b>	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Yes	No	63064, 63066
Spine Surgery	<b>63066</b>	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	<b>63075</b>	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	<b>63076</b>	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	<b>63077</b>	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	<b>63078</b>	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	<b>63081</b>	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	<b>63082</b>	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	<b>63085</b>	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	<b>63086</b>	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	<b>63087</b>	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

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>63088</b>	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	<b>63090</b>	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
Spine Surgery	<b>63091</b>	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	<b>63101</b>	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	<b>63102</b>	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	<b>63103</b>	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	<b>63170</b>	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	Yes	No	63170
Spine Surgery	<b>63180</b>	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	Yes	No	63180, 63182
Spine Surgery	<b>63182</b>	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	Yes	No	63180, 63182
Spine Surgery	<b>63185</b>	Laminectomy with rhizotomy; 1 or 2 segments	Yes	No	63185, 63190, 63295
Spine Surgery	<b>63190</b>	Laminectomy with rhizotomy; more than 2 segments	Yes	No	63185, 63190, 63295
Spine Surgery	<b>63191</b>	Laminectomy with section of spinal accessory nerve	Yes	No	63191



Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>0095T</b>	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	<b>0098T</b>	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	<b>63295</b>	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
Spine Surgery	<b>0163T</b>	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	<b>0164T</b>	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	<b>0165T</b>	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	<b>0200T</b>	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	<b>0201T</b>	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	<b>0202T</b>	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	<b>0213T</b>	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

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Spine Surgery	<b>0219T</b>	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	<b>0220T</b>	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	<b>0221T</b>	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
Spine Surgery	<b>0222T</b>	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	<b>E0748</b>	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	No	E0748
Spine Surgery	<b>E0749</b>	Osteogenesis stimulator, electrical, surgically implanted	Yes	No	E0749
Spine Surgery	<b>E0760</b>	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	No	E0760
Spine Surgery	<b>S2348</b>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Yes	No	S2348
Spine Surgery	<b>S2350</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; lumbar, single interspace	Yes	No	S2350, S2351
Spine Surgery	<b>S2351</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; lumbar, each additional interspace (List separately in addition to code for primary procedure)	Yes	No	S2350, S2351
Spine Surgery	<b>0274T</b>	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. Fluorsopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic.	Yes	No	
Spine Surgery	<b>0275T</b>	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. Fluorsopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar	Yes	No	

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

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<b>Stereotactic Radiation Therapy</b>				
<b>77371</b>	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
<b>77372</b>	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
<b>77373</b>	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
<b>G0339</b>	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes	G0339
<b>G0340</b>	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
<b>Intensity Modulated Radiation Therapy (IMRT)</b>				
<b>77385</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes	Yes	77385
<b>77386</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes	Yes	77385, 77386
<b>G6015</b>	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
<b>G6016</b>	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
<b>Neutron Beam Radiation Therapy</b>				
<b>77423</b>	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
<b>Intraoperative Radiation Therapy (IORT)</b>				
<b>77424</b>	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes	77424
<b>77425</b>	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
<b>Proton Beam Radiation Therapy</b>				
<b>77520</b>	Proton treatment delivery; simple, without compensation	Yes	Yes	77520
<b>77522</b>	Proton treatment delivery; simple, with compensation	Yes	Yes	77520, 77522
<b>77523</b>	Proton treatment delivery; intermediate	Yes	Yes	77520, 77522, 77523
<b>77525</b>	Proton treatment delivery; complex	Yes	Yes	77520, 77522, 77523, 77525
<b>Hyperthermia Treatment</b>				
<b>77600</b>	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes	77600
<b>77605</b>	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes	77600, 77605
<b>77610</b>	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes	77600, 77605, 77610
<b>77615</b>	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes	77600, 77605, 77610, 77615
<b>77620</b>	Hyperthermia generated by intracavitary probe(s)	Yes	Yes	77600, 77605, 77610, 77615, 77620
<b>Radiation Treatment Management</b>				
<b>G6017</b>	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	
<b>Radiation Treatment Delivery</b>				
<b>77401</b>	Radiation treatment delivery, superficial and/or ortho voltage, per day	Yes	Yes	77401
<b>77402</b>	Radiation treatment delivery, >1 MeV; simple	Yes	Yes	77402
<b>77407</b>	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
<b>77412</b>	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
<b>G6003</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	Yes	G6003
<b>G6004</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes	Yes	G6003, G6004
<b>G6005</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes	Yes	G6003, G6004, G6005
<b>G6006</b>	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
<b>G6007</b>	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

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<b>G6008</b>	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
<b>G6009</b>	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
<b>G6010</b>	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
<b>G6011</b>	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
<b>G6012</b>	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
<b>G6013</b>	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
<b>G6014</b>	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
<b>Radiologic Guidance</b>				
<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields	Yes	Yes	77014
<b>77387</b>	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes	77387
<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields	Yes	Yes	G6001
<b>G6002</b>	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	Yes	G6001, G6002, 77014
<b>Therapeutic Radiopharmaceuticals</b>				
<b>79101</b>	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes	79101
<b>A9606</b>	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	Yes	A9606
<b>79005</b>	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes	79005
<b>79403</b>	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Yes	Yes	79403
<b>A9513</b>	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
<b>A9543</b>	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Yes	Yes	A9543
<b>A9590</b>	Iodine i-131, iobenguane, 1 millicurie	Yes	Yes	A9590

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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
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
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	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
EGD	<b>43236</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235
EGD	<b>43239</b>	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235
EGD	<b>43241</b>	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Yes	Yes	43235
EGD	<b>43243</b>	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Yes	Yes	43235
EGD	<b>43244</b>	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Yes	Yes	43235
EGD	<b>43245</b>	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Yes	Yes	43235
EGD	<b>43246</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Yes	Yes	43235
EGD	<b>43247</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235
EGD	<b>43248</b>	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Yes	Yes	43235
EGD	<b>43249</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	Yes	43235
EGD	<b>43250</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235
EGD	<b>43251</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235
EGD	<b>43254</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	Yes	43235
EGD	<b>43255</b>	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235
EGD	<b>43266</b>	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235
EGD	<b>43270</b>	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	<b>44388</b>	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	45378
Colonoscopy	<b>44389</b>	Colonoscopy through stoma; with biopsy, single or multiple	Yes	Yes	45378
Colonoscopy	<b>44390</b>	Colonoscopy through stoma; with removal of foreign body(s)	Yes	Yes	45378
Colonoscopy	<b>44391</b>	Colonoscopy through stoma; with control of bleeding, any method	Yes	Yes	45378

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
Colonoscopy	<b>44392</b>	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	45378
Colonoscopy	<b>44394</b>	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	45378
Colonoscopy	<b>44401</b>	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	<b>44402</b>	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378
Colonoscopy	<b>44403</b>	Colonoscopy through stoma; with endoscopic mucosal resection	Yes	Yes	45378
Colonoscopy	<b>44404</b>	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Yes	Yes	45378
Colonoscopy	<b>44405</b>	Colonoscopy through stoma; with transendoscopic balloon dilation	Yes	Yes	45378
Colonoscopy	<b>45378</b>	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed	Yes	Yes	
Colonoscopy	<b>45379</b>	Colonoscopy flexible with removal of foreign body(s)	Yes	Yes	45378
Colonoscopy	<b>45380</b>	Colonoscopy flexible with biopsy single/multiple	Yes	Yes	45378
Colonoscopy	<b>45381</b>	Colonoscopy flexible with directed submucosal injection any substance	Yes	Yes	45378
Colonoscopy	<b>45382</b>	Colonoscopy flexible with control bleeding any method	Yes	Yes	45378
Colonoscopy	<b>45384</b>	Colonoscopy flexible with removal lesion by hot biopsy forceps	Yes	Yes	45378
Colonoscopy	<b>45385</b>	Colonoscopy flexible with removal of tumor polyp lesion by snare	Yes	Yes	45378
Colonoscopy	<b>45386</b>	Colonoscopy flexible with transendoscopic balloon dilatation	Yes	Yes	45378
Colonoscopy	<b>45388</b>	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	<b>45389</b>	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378
Colonoscopy	<b>45390</b>	Colonoscopy flexible with endoscopic mucosal resection	Yes	Yes	45378
Colonoscopy	<b>45393</b>	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	Yes	45378
Colonoscopy	<b>45398</b>	Colonoscopy flexible with band ligation(s)	Yes	Yes	45378

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings
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	
Capsule Endoscopy	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Yes	

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## Network Health Plan WI

### Oncology Primary and Supportive Therapies Drug List

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



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## Network Health Plan WI Lab Management Code List

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