



## Excellus/Univera Cardiology and Radiology Code List

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
CARDIAC IMPLANTABLES	33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33212	Insertion or replacement of permanent pacemaker pulse generator only: single chamber, atrial or ventricular	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33213	Insertion or replacement of permanent pacemaker pulse generator only: dual chamber	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (i.e., for upgrade to dual chamber system)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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CARDIAC IMPLANTABLES	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33264	Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Investigational	Investigational	Investigational
CARDIAC IMPLANTABLES	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Investigational	Investigational	Investigational
MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70450	CT of the head or brain w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70460	CT of the head or brain w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70470	CT of the head or brain w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70480	CT orbit , sella, posterior fossa outer, middle or inner ear w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70481	CT orbit , sella, posterior fossa outer, middle or inner ear w/contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70482	CT orbit , sella, posterior fossa outer, middle or inner ear w/ and w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
CT SCANS	70486	CT maxillofacial area including paranasal sinuses w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70487	CT maxillofacial area including paranasal sinuses w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70488	CT maxillofacial area including paranasal sinuses w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70490	CT soft tissue neck w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70491	CT soft tissue neck w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70492	CT soft tissue neck w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70540	MRI orbit, face, neck w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70542	MRI orbit, face, neck w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70543	MRI orbit, face, neck w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70544	MRA or mrv of the brain w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70545	MRA or mrv of the brain w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70546	MRA or mrv of the brain w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70547	MRA or mrv carotid and vertebral arteries w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70548	MRA or mrv carotid and vertebral arteries w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70549	MRA or mrv carotid and vertebral arteries w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70551	MRI of the brain w/out gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70552	MRI head w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70553	MRI head w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70554	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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MRI	70555	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71250	C T Thorax, Diagnostic; Without Contrast Material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71260	C T Thorax, Diagnostic; With Contrast Material(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71270	C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71271	C T Thorax, Low Dose For Lung Cancer Screening, Without Contrast Material(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71275	CTA chest	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71550	MRI of the chest w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71551	MRI of the chest w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71552	MRI of the chest w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	71555	MRA or mrv chest w/o or w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72125	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72126	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72127	CT cervical spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72128	CT cervical spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72129	CT of the thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72130	CT of the thoracic spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72131	CT of the lumabr spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72132	CT of the lumbar spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72133	CT of the lumbar spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72141	MRI cervical spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72142	MRI of the cervical spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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MRI	72146	MRI thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72147	MRI thoracic spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72148	MRI lumbar spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72149	MRI lumbar spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72156	MRI of the cervical spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72157	MRI thoracic spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72158	MRI lumbar spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72159	MRA of the spinal canal	Excluded from program	Excluded from program	Excluded from program
CT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72192	CT of the pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72193	CT of the pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72194	CT of the pelvis w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72195	MRI of the pelvis w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72196	MRI of the pelvis w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72197	MRI of the pelvis w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72198	MRA, Pelvis, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73200	CT of the upper extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73201	CT of the upper extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73202	CT of the upper extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT	73206	CT Angiography, UpprExtrem, W/O Contrast Matl(S), Followed By Contrast Matl(S), W/Image Post-Proc	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73218	MRI upper extremity other than joint including hand w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review



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MRI	73219	MRI upper extremity other than joint including hand w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73220	MRI upper extremity other than joint including hand w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73221	MRI upper extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73222	MRI upper extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73223	MRI upper extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73225	MRA of the upper extremity	Excluded from program	Excluded from program	Excluded from program
CT SCANS	73700	CT lower extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73701	CT lower extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73702	CT lower extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT	73706	CT Angiography, Lower Extremity, W/O Contrast Matl(S), Followed ContrstMatl(S), W/Imag Post-Pr0cess	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73718	MRI lower extremity other than joints w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73719	MRI lower extremity other than joints w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73720	MRI lower extremity other than joints w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73721	MRI lower extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73722	MRI lower extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73723	MRI lower extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73725	MRA, Lower Extremity, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74150	CT abdomen w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74160	CT abdomen w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74170	CT abdomen w/ & w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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CT	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74176	CT abdomen and pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74177	CT abdomen and pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74178	CT abdomen one or both body regions w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74181	MRI of the abdomen w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74182	MRI of the abdomen w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74183	MRI of the abdomen w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRA	74185	MRA, Abdomen, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74712	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74713	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation ( list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CMRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75571	Coronary artery calcium scoring	PA Medical Necessity Review	PA Medical Necessity Review	Not Covered

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CT SCANS	75572	CT heart structure and morphology with contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75574	CTA coronary arteries and structure and morphology w/function and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
3DI	76376	3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation	Excluded from program	Excluded from program	Excluded from program
3DI	76377	3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation	Excluded from program	Excluded from program	Excluded from program
CT	76380	CT Scan, Limited/Localized Follow-Up Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	76390	MR Spectroscopy	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	76497	Unlisted computed tomography procedure	Redirect to valid code	Redirect to valid code	Redirect to valid code
MRI	76498	Unlisted MRI procedure	Redirect to valid code	Redirect to valid code	Redirect to valid code
ULTRASOUND	76801	Ultrasound first trimester (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76802	Ultrasound first trimester, each additional gestation (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76805	Ultrasound after first trimester	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76810	Ultrasound after first trimester, each additional gestation	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76811	High risk fetal anatomy ultrasound single gestation	Excluded from program	Excluded from program	Excluded from program



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ULTRASOUND	76812	Ultrasound detailed fetal, each additional gestation	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76813	Ultrasound, pregnant uterus, real time with image documentation single or first gestation, nuchal translucency measurement	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76814	Ultrasound, pregnant uterus, real time with image documentation, nuchal translucency measurement each additional gestation	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76815	Follow-up OB ultrasound (one or more gestations) after 14 weeks	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76816	Follow up OB ultrasound (one for each gestation)	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76817	Ob ultrasound transvaginal	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76818	Biophysical profile w/ non-stress testing	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76819	Biophysical profile w/o non-stress testing	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76820	Doppler velocimetry umbilical arteries	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76821	Doppler velocimetry middle cerebral arteries	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76825	Fetal echocardiography	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76826	Fetal echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76827	Fetal doppler echocardiography	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76828	Fetal doppler echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76975	Gastrointestinal endoscopic ultrasound	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program
CT SCANS	77011	CT for stereotactic localization	Excluded from program	Excluded from program	Excluded from program
CT SCANS	77012	CT guidance for needle placement	Excluded from program	Excluded from program	Excluded from program
CT SCANS	77013	CT guidance for procedures for ablation	Excluded from program	Excluded from program	Excluded from program
CT SCANS	77014	CT guidance for radiation therapy fields	Excluded from program	Excluded from program	Excluded from program

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MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
DRAD	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78013	Thyroid imaging (including vascular flow, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78013	Thyroid imaging (including vascular flow, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78016	Thyroid carcinoma metastases imaging with additional studies	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78018	Thyroid carcinoma metastases imaging whole body	Excluded from program	Excluded from program	Excluded from program
NUC MED	78020	Thyroid Carcinoma Metastases Uptake	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUC MED	78070	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78070	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78075	Adrenal imaging, cortex and/or medulla	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78102	Bone marrow imaging; limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78103	Bone marrow imaging, multiple	Excluded from program	Excluded from program	Excluded from program
NUC MED	78104	Bone marrow imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78135	Red cell survival differential	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78140	Labeled red cell sequestration	Excluded from program	Excluded from program	Excluded from program
NUC MED	78185	Spleen imaging only, with or without vascular flow	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78190	Platelet survival w/ or w/out differential organ/tissue localization	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78191	Platelet survival study only	Excluded from program	Excluded from program	Excluded from program
NUC MED	78195	Lymph System Imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78201	Liver imaging; static only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78202	Liver imaging w/ vascular flow	Excluded from program	Excluded from program	Excluded from program
NUC MED	78215	Liver and spleen imaging; static only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78216	Liver and spleen imaging; with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78226	Hepatobiliary system imaging, including gallbladder when present;	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUCLEAR MED	78230	Salivary gland nuclear imaging	Excluded from program	Excluded from program	Excluded from program
NUC MED	78231	Serial Salivary Gland	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78232	Salivary gland function study	Excluded from program	Excluded from program	Excluded from program
NUC MED	78258	Esophogus Motility Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78261	Gastric Mucosa Imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78262	Gastroesophageal Reflux Exam	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78262	Gastroesophagael reflux study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78264	Gastric emptying imaging study (eg, solid, liquid, or both);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78270	Schilling test	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78271	B-12 absorption with intrinsic factor	Excluded from program	Excluded from program	Excluded from program
NUC MED	78278	Acute gastrointestinal blood loss imagin	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78282	Gastronintestinal protein loss	Excluded from program	Excluded from program	Excluded from program
NUC MED	78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78300	Bone and/or joint imaging; limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78305	Bone and/or joint imaging; multiple areas	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78306	Bone and/or joint imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78315	Bone and/or joint imaging; 3 phase study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78414	Central c-v hemodynamics (non-imaging) single or multiple	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUCLEAR MED	78428	Cardiac shunt detection	Excluded from program	Excluded from program	Excluded from program
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC CARD	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78451	Myocardial perfusion imaging with spect-single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78452	Myocardial perfusion imaging with spect-multiple studies	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78453	Myocardial perfusion imaging, planar rest or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78454	Myocardial perfusion imaging, planar rest and/or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78456	Acute venous thrombosis imaging	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78457	Venous thrombosis imaging unilateral	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78458	Venous thrombosis imaging bilateral	Excluded from program	Excluded from program	Excluded from program
PET SCANS	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review



Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUC CARD	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78468	Infarct avid myocardial imaging with ejection fraction by first pass technique	Excluded from program	Excluded from program	Excluded from program
NUC CARD	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC CARD	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC CARD	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78481	Planar first pass cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78483	Planar first pass multiple cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78494	Spect equilibrium cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78496	Spect equilibrium multiple cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78579	Pulmonary ventilation imaging (eg, aerosol or gas)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78580	Pulmonary perfusion imaging (eg, particulate)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78597	Quantitative differential pulmonary perfusion, including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78600	Brain scintigraphy static limited	Excluded from program	Excluded from program	Excluded from program
NUCLEAR MED	78601	Brain scintigraphy limited with vascular flow	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUC MED	78605	Brain imaging, minimum 4 static views;	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78606	Brain imaging, minimum 4 static views; with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78608	Brain PET metabolic	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78609	Brain PET perfusion	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78610	Brain imaging vascular flow	Excluded from program	Excluded from program	Excluded from program
NUC MED	78630	Cisternogram (Cerebrospinal Fluid Flow)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78635	Cerebrospinal ventriculography	Excluded from program	Excluded from program	Excluded from program
NUC MED	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78647	Csf flow spect	Excluded from program	Excluded from program	Excluded from program
NUC MED	78650	Cerebrospinal fluid leakage detection and localization	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78660	Radiopharmaceutical dacryocystography	Excluded from program	Excluded from program	Excluded from program
NUC MED	78700	Kidney Imaging Morphology	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78701	Kidney Imaging With Vascular Flow	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78704	Kidney imaging with function study (imaging renogram)	Excluded from program	Excluded from program	Excluded from program
NUC MED	78707	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78708	Kidney Imaging Single Study With Pharmacological Intervention	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78709	Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78725	Kidney function study, non-imaging radioisotopic study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78730	Urinary Bladder Residual Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78740	Ureteral Reflux Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78761	Testicular Imaging With Vascular Flow	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
NUC MED	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78811	PET limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78812	PET skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78813	PET whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78814	PET/ CT limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78815	PET/ CT skull base to mid thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PET SCANS	78816	PET/ CT whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
ECHO	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Out of Scope	Out of Scope	Out of Scope
ECHO	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope
ECHO	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Out of Scope	Out of Scope	Out of Scope
ECHO	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete	Out of Scope	Out of Scope	Out of Scope
ECHO	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope
ECHO	93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report	Out of Scope	Out of Scope	Out of Scope
ECHO	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope
ECHO	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope
ECHO	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Out of Scope	Out of Scope	Out of Scope
ECHO	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope
ECHO	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope
ECHOCARDIOGRAPHY	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete	Excluded from program	Excluded from program	Excluded from program
ECHOCARDIOGRAPHY	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
ECHOCARDIOGRAPHY	93325	Doppler echocardiography color flow velocity mapping	Excluded from program	Excluded from program	Excluded from program
ECHO STRESS	93350	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), With Or Without M-Mode Recording, During Rest And Cardiovascular Stress Test, With Interpretation And Report	Excluded from program	Excluded from program	Excluded from program
ECHO STRESS	93351	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report; Including Performance Of Continuous Electrocardiographic Monitoring, With Supervision By A Physician Or Other Qualified Health Care Professional.	Excluded from program	Excluded from program	Excluded from program
ECHO STRESS	93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program



Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
CARDIAC CATH	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program
CARDIAC CATH	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program
T-CODES	0042T	CT perfusion brain	Excluded from program	Excluded from program	Excluded from program
NUC CARD	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational	Investigational	Investigational
NUC CARD	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational	Investigational	Investigational
CCTA	0501T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program
CCTA	0502T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Excluded from program	Excluded from program	Excluded from program
CCTA	0503T	Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
CCTA	0504T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program
CARDIAC IMPLANTABLES	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	0572T	Insertion of substernal implantable defibrillator electrode	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs	Investigational	Investigational	Investigational
MR	0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	Investigational	Investigational	Investigational
MR	0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For gorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs	Investigational	Investigational	Investigational

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
MR	0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report	Investigational	Investigational	Investigational
CRID	0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CCTA	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report. <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational
CCTA	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational
CCTA	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational
CCTA	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report. <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational
CT	0633T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast Material	Investigational	Investigational	Investigational
CT	0634T	C T Breast, Including 3d Rendering, When Performed, Unilateral; With Contrast Material(s)	Investigational	Investigational	Investigational
CT	0635T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational
CT	0636T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational
CT	0637T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational
CT	0638T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). <b>Effective 11/1/2021 AMA Additions</b>	Investigational	Investigational	Investigational
MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational	Investigational	Investigational
MRI	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Investigational	Investigational	Investigational
CCTA	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report. <b>EFFECTIVE 05/01/22</b>	Investigational	Investigational	Investigational
CCTA	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission. <b>EFFECTIVE 05/01/22</b>	Investigational	Investigational	Investigational
CCTA	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability. <b>EFFECTIVE 05/01/22</b>	Investigational	Investigational	Investigational
CCTA	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report. <b>EFFECTIVE 05/01/22</b>	Investigational	Investigational	Investigational
NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8900	MRA with contrast, abdomen	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8901	MRA without contrast, abdomen	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
C-CODES	C8902	MRA with and without contrast, abdomen	Excluded from program	Excluded from program	Excluded from program
MRI	C8903	MRI Breast with contrast, unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8903	MRI with contrast, breast; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	C8905	MRI Breast with and without contrast, unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8905	MRI with and without contrast, breast; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	C8906	MRI Breast Bilateral with contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8906	MRI with contrast, breast; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MRI	C8908	MRI Breast Bilateral with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8908	MRI with and without contrast, breast; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C-CODES	C8909	MRA with contrast, chest (excluding myocardium)	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8910	MRA without contrast, chest (excluding myocardium)	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8911	MRA with and without contrast, chest (excluding myocardium)	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8912	MRA with contrast, lower extremity	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8913	MRA without contrast, lower extremity	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8914	MRA with and without contrast, lower extremity	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8918	MRA with contrast, pelvis	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8919	MRA without contrast, pelvis	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8920	MRA with and without contrast, pelvis	Excluded from program	Excluded from program	Excluded from program
ECHO	C8921	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete	Out of Scope	Out of Scope	Out of Scope
ECHO	C8922	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study	Out of Scope	Out of Scope	Out of Scope
ECHO	C8923	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete	Out of Scope	Out of Scope	Out of Scope



Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
ECHO	C8924	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study	Out of Scope	Out of Scope	Out of Scope
ECHO	C8925	Transesophageal Echo (TEE)	Out of Scope	Out of Scope	Out of Scope
ECHO	C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Out of Scope	Out of Scope	Out of Scope
C-CODES	C8928	Transthoracic Echocardiography W/Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/Interpretation And Report	Excluded from program	Excluded from program	Excluded from program
ECHO	C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Out of Scope	Out of Scope	Out of Scope
C-CODES	C8930	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/ Interpretation And Report Including Performance Of Continuous Electrocardiographic Monitoring, With Interpretation.	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
C-CODES	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8934	Magnetic resonance angiography with contrast, upper extremity	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8935	Magnetic resonance angiography without contrast, upper extremity	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Excluded from program	Excluded from program	Excluded from program
Cardiac MR	C9762	Cardiac Magnetic Resonance Imaging For Morphology And Function, Quantification Of Segmental Dysfunction; With Strain Imaging	Investigational	Investigational	Investigational
Cardiac MR	C9763	Cardiac Magnetic Resonance Imaging For Morphology And Function, Quantification Of Segmental Dysfunction; With Stress Imaging	Investigational	Investigational	Investigational
G-CODES	G0219	PET imaging whole body; melanoma for non-covered indications	Investigational	Investigational	Not covered
G-CODES	G0235	Pet imaging any site not otherwise specified	Redirect to valid code	Redirect to valid code	Redirect to valid code
G-CODES	G0252	Pet imaging full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes)	Redirect to valid code	Redirect to valid code	Redirect to valid code
S-CODES	S8037	MRCP	Redirect to valid code	Redirect to valid code	Redirect to valid code
S-CODES	S8042	MRI low field	Redirect to valid code	Redirect to valid code	Redirect to valid code
S-CODES	S8080	Scintimammography	Excluded from program	Excluded from program	Excluded from program
S-CODES	S8085	Fdg (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)	Investigational	Investigational	Not covered
S-CODES	S8092	Electron beam computed tomography (also known as ultrafast ct, cinet)	Excluded from program	Excluded from program	Excluded from program

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## Excellus/Univera Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62280	Injection/infusion neurolytic substance, w/wo therapeutic substance; subarachnoid	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62281	Injection/infusion neurolytic substance, w/wo therapeutic substance; epidural cervical/thoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62282	Injection/infusion neurolytic substance; epidural, lumbar/caudal	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
62322	Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62323	Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62350	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62351	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62355	Removal of previously implanted intrathecal or epidural catheter	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64479	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64480	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64483	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64484	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review



CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
64491	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64492	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64494	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64495	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0213T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic;single	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0214T	Injection(s), diag or therapeutic agent, paravertebral facet jointwith ultrasound guidance, cervical or thoracic; second	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0215T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; 3+	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0217T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 2nd Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0218T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 3rd Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0627T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0628T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0629T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; First Level	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0630T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
M0076	Prolotherapy	Investigational	Out of Scope	Investigational
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level <i>Effective 8/21/2021</i>	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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## Excellus/Univera Joint Services Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23000	Removal of subdeltoid calcareous deposits, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23020	Capsular contracture release (eg, sever type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23120	Claviclectomy; partial	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23415	Coracoacromial ligament release, with or without acromioplasty	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23430	Tenodesis of long tendon of biceps	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23440	Resection or transplantation of long tendon of biceps	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23450	Capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23455	Capsulorrhaphy, anterior; with labral repair (eg, bankart procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23460	Capsulorrhaphy, anterior, any type; with bone block	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27125	Hemiarthroplasty, hip, partial (e.g. femoral stem prosthesis, bipolar arthroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial and lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27334	Arthrotomy, with synovectomy, knee; anterior or posterior	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27403	Arthrotomy with meniscus repair, knee	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27412	Autologous chondrocyte implantation, knee	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27415	Osteochondral allograft, knee, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review



CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27418	Anterior tibial tubercleplasty (eg, maquet type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27420	Reconstruction of dislocating patella; (eg, hauser type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, campbell, goldwaite type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27424	Reconstruction of dislocating patella; with patellectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27425	Lateral retinacular release, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27430	Quadricepsplasty (eg, bennett or thompson type)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27438	Arthroplasty, patella; with prosthesis	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27440	Arthroplasty, knee, tibial plateau	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29807	Arthroscopy, shoulder, surgical; repair of slap lesion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29863	Arthroscopy, hip, surgical; with synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29873	Arthroscopy, knee, surgical; with lateral release	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29916	Arthroscopy, hip, surgical; with labral repair	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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**Excellus/Univera  
Spine Services Code List**

Platform:  
ImageOne

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria	Notes
Spine Services	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lamina fragments) obtained from same incision (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018



Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria	Notes
Spine Services	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)diskect, prep interspace, sngl intrspc; add'l interspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22634	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; each additional interspace and segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22845	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22846	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)					

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria	Notes
Spine Services	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63001	Laminectomy, w/o facetectomy/foraminotomy/discectomy, 1/2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63005	Laminectomy w/o facetectomy/foraminotomy/discectomy, 1/2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63012	Laminectomy w/removal, abnormal facets, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63015	Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63017	Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 interspace,	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63030	1 interspace, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63035	Each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63040	Laminotomy w/partl facetectmy/foramnotmy/herniated discect, re-exploratn, sngle interspc; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63042	Laminotomy w/partl facetectomy/foraminotomy/herniated discect, re-explor, sngle interspc; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63043	Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, sngl intrspc; each add'l cerv intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63044	Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, sngl intrspc; each add'l lumbar intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63045	Laminectomy, facetectomy & foraminotomy, 1 segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria	Notes
Spine Services	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		
Spine Services	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		
Spine Services	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), single or multiple levels, unilateral or bilateral; cervical or thoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), single or multiple levels, unilateral or bilateral; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018
Spine Services	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])					
Spine Surgery	62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar - <b>Effective 8/21/2021</b>	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		



Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria	Notes
Spine Services	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		1/1/2020 AMA Additions
Spine Services	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review		4/12/2018-Addition as part of MSK Implementation; Effective: 08/01/2018

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## Excellus/Univera Radiation Oncology Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
<b>Brachytherapy</b>				
77761	Intracavitary radiation source application; simple	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77762	Intracavitary radiation source application; intermediate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77763	Intracavitary radiation source application; complex	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77789	Surface application of low dose rate radionuclide source	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0394T	HDR electronic brachytherapy, skin surface application, per fraction	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
<b>Cardiac Focal Ablation</b>				
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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



CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
<b>Proton Beam Radiation Therapy</b>				
77520	Proton treatment delivery; simple, without compensation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77522	Proton treatment delivery; simple, with compensation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77523	Proton treatment delivery; intermediate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77525	Proton treatment delivery; complex	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
<b>Radiation Treatment Delivery</b>				
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77402	Radiation treatment delivery, >1 MeV; simple	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77407	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; >=1 MeV; intermediate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77417	Therapeutic radiology port images(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
<b>Image-Guided Radiation (IGRT)</b>				
77014	Computed tomography guidance for placement of radiation therapy fields	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6001	Ultrasonic guidance for placement of radiation therapy fields	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
<b>Therapeutic Radiopharmaceuticals</b>				
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
79101	Radiopharmaceutical, therapy, by intravenous administration	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9590	Iodine i-131, iobenguane, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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