



Excellus/Univera Cardiology and Radiology Code List

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	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	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	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	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	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	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	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	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	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	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	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	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	PA Medical Necessity Review
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	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	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	PA Medical Necessity Review

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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	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	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	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	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	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	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	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	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	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	PA Medical Necessity Review
CT SCANS	70486	CT maxillofacial area including paranasal sinuses w/o contrast	PA Medical Necessity Review	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	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	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	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	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	PA Medical Necessity Review
CT SCANS	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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CT SCANS	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	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	PA Medical Necessity Review
MRI	70542	MRI orbit, face, neck w/ gadolinium	PA Medical Necessity Review	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	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	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	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	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	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	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	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	PA Medical Necessity Review
MRI	70552	MRI head w/ gadolinium	PA Medical Necessity Review	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	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	PA Medical Necessity Review
MRI	70555	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	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	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	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	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	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	PA Medical Necessity Review
MRI	71551	MRI of the chest w gadolinium	PA Medical Necessity Review	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	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	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	PA Medical Necessity Review

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CT SCANS	72126	CT cervical spine w/o contrast	PA Medical Necessity Review	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	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	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	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	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	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	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	PA Medical Necessity Review
MRI	72141	MRI cervical spine w/o gadolinium	PA Medical Necessity Review	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	PA Medical Necessity Review
MRI	72146	MRI thoracic spine w/o contrast	PA Medical Necessity Review	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	PA Medical Necessity Review
MRI	72148	MRI lumbar spine w/o gadolinium	PA Medical Necessity Review	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	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	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	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	PA Medical Necessity Review
MRA	72159	MRA of the spinal canal	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
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	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	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	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	PA Medical Necessity Review
MRI	72196	MRI of the pelvis w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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MRI	72197	MRI of the pelvis w & w/o gadolinium	PA Medical Necessity Review	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	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	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	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	PA Medical Necessity Review
MRI	73219	MRI upper extremity other than joint including hand w/ gadolinium	PA Medical Necessity Review	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	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	PA Medical Necessity Review
MRI	73222	MRI upper extremity joint w/ gadolinium	PA Medical Necessity Review	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	PA Medical Necessity Review
MRA	73225	MRA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73700	CT lower extremity w/o contrast	PA Medical Necessity Review	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	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	PA Medical Necessity Review
CT	73706	CT Angiography, Lower Extremity, W/O Contrast Matl(S), Followed ContrstMatl(S), W/Imag Post-PrOcess	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	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	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	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	PA Medical Necessity Review
MRI	73722	MRI lower extremity joint w/ gadolinium	PA Medical Necessity Review	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	PA Medical Necessity Review

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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	PA Medical Necessity Review
CT SCANS	74160	CT abdomen w/ contrast	PA Medical Necessity Review	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	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	
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	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	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	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	PA Medical Necessity Review
MRI	74182	MRI of the abdomen w/ gadolinium	PA Medical Necessity Review	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	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	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	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	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	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	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	

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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	PA Medical Necessity Review
CT SCANS	75572	CT heart structure and morphology with contrast	PA Medical Necessity Review	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	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	PA Medical Necessity Review
CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	PA Medical Necessity Review	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	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	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	Redirect to valid code
MRI	76498	Unlisted MRI procedure	Redirect to valid code	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	Excluded from program
ULTRASOUND	76802	Ultrasound first trimester, each additional gestation (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program	Excluded from program

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ULTRASOUND	76805	Ultrasound after first trimester	Excluded from program	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	Excluded from program
ULTRASOUND	76811	High risk fetal anatomy ultrasound single gestation	Excluded from program	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76812	Ultrasound detailed fetal, each additional gestation	Excluded from program	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	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	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	Excluded from program
ULTRASOUND	76816	Follow up OB ultrasound (one for each gestation)	Excluded from program	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76817	Ob ultrasound transvaginal	Excluded from program	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	Excluded from program
ULTRASOUND	76819	Biophysical profile w/o non-stress testing	Excluded from program	Excluded from program	Excluded from program	Excluded from program
ULTRASOUND	76820	Doppler velocimetry umbilical arteries	Excluded from program	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	Excluded from program
ULTRASOUND	76825	Fetal echocardiography	Excluded from program	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	Excluded from program
ULTRASOUND	76827	Fetal doppler echocardiography	Excluded from program	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	Excluded from program
ULTRASOUND	76975	Gastrointestinal endoscopic ultrasound	Excluded from program	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	Excluded from program
CT SCANS	77012	CT guidance for needle placement	Excluded from program	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	Excluded from program
CT SCANS	77014	CT guidance for radiation therapy fields	Excluded from program	Excluded from program	Excluded from program	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	
CT	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	PA Medical Necessity Review	Excluded from program	Excluded from program	
DRAD	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	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	Excluded from program
NUCLEAR MED	78013	Thyroid imaging (including vascular flow, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Excluded from program
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	Excluded from program
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	Excluded from program
NUCLEAR MED	78018	Thyroid carcinoma metastases imaging whole body	Excluded from program	Excluded from program	Excluded from program	Excluded from program
NUC MED	78020	Thyroid Carcinoma Metastases Uptake	Redirect to valid code	Redirect to valid code	Redirect to valid code	Redirect to valid code
NUCLEAR MED	78070	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Excluded from program
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	Excluded from program
NUC MED	78104	Bone marrow imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
NUCLEAR MED	78135	Red cell survival differential	Excluded from program	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	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	Excluded from program
NUCLEAR MED	78191	Platelet survival study only	Excluded from program	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	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	
NUCLEAR MED	78230	Salivary gland nuclear imaging	Excluded from program	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	Excluded from program
NUC MED	78258	Esophagus 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	
NUCLEAR MED	78262	Gastroesophageal reflux study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Excluded from program
NUC MED	78264	Gastric emptying imaging study (eg, solid, liquid, or both);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	Excluded from program
NUCLEAR MED	78271	B-12 absorption with intrinsic factor	Excluded from program	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	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	Excluded from program
NUCLEAR MED	78428	Cardiac shunt detection	Excluded from program	Excluded from program	Excluded from program	Excluded from program
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
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	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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)	Redirect to valid code	Redirect to valid code	Redirect to valid code	Redirect to valid code
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	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	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	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	PA Medical Necessity Review
NUCLEAR MED	78456	Acute venous thrombosis imaging	Excluded from program	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	Excluded from program
NUCLEAR MED	78458	Venous thrombosis imaging bilateral	Excluded from program	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	PA Medical Necessity Review
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	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	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	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	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	PA Medical Necessity Review
NUCLEAR MED	78494	Spect equilibrium cardiac radionuclide angiography	PA Medical Necessity Review	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	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	Excluded from program
NUCLEAR MED	78601	Brain scintigraphy limited with vascular flow	Excluded from program	Excluded from program	Excluded from program	Excluded from program
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	PA Medical Necessity Review
PET SCANS	78609	Brain PET perfusion	PA Medical Necessity Review	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	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	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 MEDICINE	78660	Radiopharmaceutical Dacryocystography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
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	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	
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	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	PA Medical Necessity Review
PET SCANS	78813	PET whole body	PA Medical Necessity Review	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	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	PA Medical Necessity Review
PET SCANS	78816	PET/ CT whole body	PA Medical Necessity Review	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	
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	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	Excluded from program
ECHOCARDIOGRAPHY	93325	Doppler echocardiography color flow velocity mapping	Excluded from program	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	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	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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	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	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	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	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	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	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	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	Excluded from program
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	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	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	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
T-CODES	0042T	CT perfusion brain	Excluded from program	Excluded from program	Excluded from program	Investigational
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	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	Excluded from program
CCTA	0503T	Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Excluded from program	Excluded from program	Excluded from program	
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	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	
CID	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Investigational	Investigational	Investigational	
CID	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
CID	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Investigational	Investigational	Investigational	
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 algorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs	Investigational	Investigational	Investigational	
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. Effective 11/1/2021 AMA Additions	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. Effective 11/1/2021 AMA Additions	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. Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
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. Effective 11/1/2021 AMA Additions	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. Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	
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). Effective 11/1/2021 AMA Additions	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	
CT (CTA)	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. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CT (CTA)	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. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report. EFFECTIVE 05/01/22	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	
CID	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Investigational	Investigational	Investigational	
CID	0796T	Transcatheter insertion of right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Investigational	Investigational	Investigational	
CID	0797T	Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Investigational	Investigational	Investigational	
CID	0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Investigational	Investigational	Investigational	
CID	0799T	Transcatheter removal of right atrial pacemaker component	Investigational	Investigational	Investigational	
CID	0800T	Transcatheter removal of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Investigational	Investigational	Investigational	
CID	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Investigational	Investigational	Investigational	
CID	0802T	Transcatheter removal and replacement of right atrial pacemaker component	Investigational	Investigational	Investigational	
CID	0803T	Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
CID	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CID	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CID	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CID	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CID	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CID	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Investigational	Investigational	Investigational	
MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	Redirect to valid code	Redirect to valid code	Redirect to valid code	
C-CODES	C8900	MRA with contrast, abdomen	Excluded from program	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	Excluded from program
C-CODES	C8902	MRA with and without contrast, abdomen	Excluded from program	Excluded from program	Excluded from program	Excluded from program
C-CODES	C8909	MRA with contrast, chest (excluding myocardium)	Excluded from program	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	Excluded from program
C-CODES	C8911	MRA with and without contrast, chest (excluding myocardium)	Excluded from program	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	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
C-CODES	C8913	MRA without contrast, lower extremity	Excluded from program	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	Excluded from program
C-CODES	C8918	MRA with contrast, pelvis	Excluded from program	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	Excluded from program
C-CODES	C8920	MRA with and without contrast, pelvis	Excluded from program	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	
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	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	Excluded from program

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Univera Commercial, Medicaid, CHP, FHP
C-CODES	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Excluded from program	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	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	Excluded from program
C-CODES	C8934	Magnetic resonance angiography with contrast, upper extremity	Excluded from program	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	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	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	
RADIOLOGY	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent				
G-CODES	G0219	PET imaging whole body; melanoma for non-covered indications	Investigational	Investigational	Not covered	Investigational
G-CODES	G0235	Pet imaging any site not otherwise specified	Redirect to valid code	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	Redirect to valid code
S-CODES	S8037	MRCP	Redirect to valid code	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	Redirect to valid code
S-CODES	S8080	Scintimammography	Excluded from program	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	Investigational
S-CODES	S8092	Electron beam computed tomography (also known as ultrafast ct, cinet)	Excluded from program	Excluded from program	Excluded from program	Excluded from program

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