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## Security Health Plan Cardiology Code List

Category	CPT® Code	CPT® Code Description
CCTA	<b>75580</b>	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
Nuclear Cardiac Imaging	<b>78414</b>	Non-Imaging Heart Function
Nuclear Cardiac Imaging	<b>78428</b>	Cardiac Shunt Imaging
Nuclear Cardiac Imaging	<b>78451</b>	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress
Nuclear Cardiac Imaging	<b>78452</b>	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or
Nuclear Cardiac Imaging	<b>78453</b>	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
Nuclear Cardiac Imaging	<b>78454</b>	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an
Nuclear Cardiac Imaging	<b>78466</b>	Myocardial imaging, infarct avid, planar; qualitative or quantitative
Nuclear Cardiac Imaging	<b>78468</b>	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
Nuclear Cardiac Imaging	<b>78469</b>	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
Nuclear Cardiac Imaging	<b>78472</b>	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
Nuclear Cardiac Imaging	<b>78473</b>	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
Nuclear Cardiac Imaging	<b>78481</b>	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
Nuclear Cardiac Imaging	<b>78483</b>	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
Nuclear Cardiac Imaging	<b>78494</b>	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

Category	CPT® Code	CPT® Code Description
Nuclear Cardiac Imaging	<b>78496</b>	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
ECHO	<b>93303</b>	Transthoracic echocardiography for congenital cardiac anomalies; complete
ECHO	<b>93304</b>	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
ECHO	<b>93306</b>	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
ECHO	<b>93307</b>	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete
ECHO	<b>93308</b>	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study
ECHO	<b>93312</b>	TEE 2D;Incl Probe Placement, Imaging/Interp/Report
ECHO	<b>93313</b>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
ECHO	<b>93314</b>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
ECHO	<b>93315</b>	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
ECHO	<b>93316</b>	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
ECHO	<b>93317</b>	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
ECHO	<b>93319</b>	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
ECHO	<b>93320</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
ECHO	<b>93321</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study
XSE	<b>93350</b>	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report
XSE	<b>93351</b>	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation
ECHO	<b>93356</b>	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
DHC	<b>93451</b>	Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed
DHC	<b>93452</b>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
DHC	<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
DHC	<b>93454</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation

Category	CPT® Code	CPT® Code Description
DHC	<b>93455</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography
DHC	<b>93456</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
DHC	<b>93457</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven
DHC	<b>93458</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven
DHC	<b>93459</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven
DHC	<b>93460</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo
DHC	<b>93461</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo
DHC	<b>93593</b>	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
DHC	<b>93594</b>	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
DHC	<b>93595</b>	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
DHC	<b>93596</b>	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
DHC	<b>93597</b>	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections
Nuclear Cardiac Imaging	<b>0331T</b>	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
Nuclear Cardiac Imaging	<b>0332T</b>	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
ECHO	<b>0439T</b>	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
NUC CARD	<b>0742T</b>	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)
ECHO	<b>C8921</b>	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete
ECHO	<b>C8922</b>	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study
ECHO	<b>C8923</b>	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete

Category	CPT® Code	CPT® Code Description
ECHO	<b>C8924</b>	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study
ECHO	<b>C8925</b>	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
ECHO	<b>C8926</b>	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
ECHO	<b>C8928</b>	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
ECHO	<b>C8929</b>	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
ECHO	<b>C8930</b>	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, 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 physician supervision
MRI	<b>C9762</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
MRI	<b>C9763</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging

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## Security Health Plan Radiology Code List

Category	CPT® Code	CPT® Code Description
3D Imaging	<b>76376</b>	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 works
3D Imaging	<b>76377</b>	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 workstati
BMRI	<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral
BMRI	<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral
BMRI	<b>77048</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
BMRI	<b>77049</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
CCTA	<b>0623T</b>	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 9/1/2021 AMA Additions
CCTA	<b>0624T</b>	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 9/1/2021 AMA Additions
CCTA	<b>0625T</b>	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 9/1/2021 AMA Additions</b>
CCTA	<b>0626T</b>	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 9/1/2021 AMA Additions</b>
CT (CTA)	<b>0710T</b>	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
CT (CTA)	<b>0711T</b>	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission

Category	CPT® Code	CPT® Code Description
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
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
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
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
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);
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
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)
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
CT	70450	Computed tomography, head or brain; without contrast material
CT	70460	Computed tomography, head or brain; with contrast material(s)
CT	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
CT	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CT	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
CT	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
CT	70486	Computed tomography, maxillofacial area; without contrast material
CT	70487	Computed tomography, maxillofacial area; with contrast material(s)
CT	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CT	70490	Computed tomography, soft tissue neck; without contrast material
CT	70491	Computed tomography, soft tissue neck; with contrast material(s)
CT	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	71250	Computed tomography, thorax, diagnostic; without contrast material



Category	CPT® Code	CPT® Code Description
CT	71260	Computed tomography, thorax, diagnostic; with contrast material(s)
CT	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
CT	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
CT	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	72125	Computed tomography, cervical spine; without contrast material
CT	72126	Computed tomography, cervical spine; with contrast material
CT	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CT	72128	Computed tomography, thoracic spine; without contrast material
CT	72129	Computed tomography, thoracic spine; with contrast material
CT	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CT	72131	Computed tomography, lumbar spine; without contrast material
CT	72132	Computed tomography, lumbar spine; with contrast material
CT	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	72192	Computed tomography, pelvis; without contrast material
CT	72193	Computed tomography, pelvis; with contrast material(s)
CT	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
CT	73200	Computed tomography, upper extremity; without contrast material
CT	73201	Computed tomography, upper extremity; with contrast material(s)
CT	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CT	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	73700	Computed tomography, lower extremity; without contrast material
CT	73701	Computed tomography, lower extremity; with contrast material(s)
CT	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
CT	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	74150	Computed tomography, abdomen; without contrast material
CT	74160	Computed tomography, abdomen; with contrast material(s)
CT	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CT	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing



Category	CPT® Code	CPT® Code Description
CT	<b>74175</b>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material
CT	<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)
CT	<b>74178</b>	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
CT	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CT	<b>74262</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
CT	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing
CT	<b>0633T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
CT	<b>0634T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
CT	<b>0635T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
CT	<b>0636T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
CT	<b>0637T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
CT	<b>0638T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
CT	<b>75571</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CT	<b>75572</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
CT	<b>75573</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)
CT	<b>75574</b>	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio
CT	<b>75635</b>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>76380</b>	Computed tomography, limited or localized follow-up study
CT	<b>76497</b>	Unlisted computed tomography procedure (eg, diagnostic, interventional)
CT	<b>S8092</b>	Electron beam computed tomography (also known as ultrafast ct, cine ct)
MR	<b>70336</b>	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
MR	<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
MR	<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
MR	<b>70543</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)

Category	CPT® Code	CPT® Code Description
MR	<b>70545</b>	Magnetic resonance angiography, head; with contrast material(s)
MR	<b>70546</b>	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)
MR	<b>70548</b>	Magnetic resonance angiography, neck; with contrast material(s)
MR	<b>70549</b>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
MR	<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
MR	<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
MR	<b>70554</b>	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
MR	<b>70555</b>	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
MR	<b>71550</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
MR	<b>71551</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
MR	<b>71552</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>71555</b>	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
MR	<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
MR	<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
MR	<b>72146</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
MR	<b>72147</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
MR	<b>72148</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
MR	<b>72149</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
MR	<b>72156</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
MR	<b>72157</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
MR	<b>72158</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
MR	<b>72159</b>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
MR	<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
MR	<b>72196</b>	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
MR	<b>0865T</b>	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

Category	CPT® Code	CPT® Code Description
MR	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)
MR	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent
MR	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
MR	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
MR	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
MR	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
MR	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
MR	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
MR	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
MR	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
MR	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
MR	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
MR	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
MR	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
MR	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
MR	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
MR	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
MR	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
MR	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
MR	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
MR	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
MR	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
MR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
MR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;

Category	CPT® Code	CPT® Code Description
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
MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
MR	76390	Magnetic resonance spectroscopy
MR	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
MR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
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
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
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
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
MRI	76391	Magnetic resonance (eg, vibration) elastography
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. <b>Effective 7/1/2021 AMA Additions</b>
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). <b>Effective 7/1/2021 AMA Additions</b>
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
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)

Category	CPT® Code	CPT® Code Description
Nuclear Cardiac Imaging	<b>78499</b>	Unlisted cardiovascular procedure, diagnostic nuclear medicine
PET	<b>78459</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
PET	<b>78491</b>	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
PET	<b>78492</b>	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)
PET	<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
PET	<b>78609</b>	Brain imaging, positron emission tomography (PET); perfusion evaluation
PET	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
PET	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
PET	<b>78813</b>	Positron emission tomography (PET) imaging; whole body
PET	<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
PET	<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
PET	<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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## Security Health Plan Radiation Oncology Code List

CPT® Code	CPT® Code Description
<b>Brachytherapy</b>	
<b>0394T</b>	HDR electronic brachytherapy, skin surface application, per fraction
<b>0395T</b>	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction
<b>77316</b>	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
<b>77317</b>	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
<b>77318</b>	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
<b>77761</b>	Intracavitary radiation source application; simple
<b>77762</b>	Intracavitary radiation source application; intermediate
<b>77763</b>	Intracavitary radiation source application; complex
<b>77767</b>	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
<b>77768</b>	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
<b>77770</b>	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
<b>77771</b>	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels
<b>77772</b>	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels
<b>77778</b>	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
<b>77789</b>	Surface application of low dose rate radionuclide source
<b>77790</b>	Supervision, handling, loading of radiation source
<b>77799</b>	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)
<b>C9726</b>	Placement and removal (if performed) of applicator into breast for radiation therapy
<b>G0458</b>	Low dose rate (LDR) prostate brachytherapy services, composite rate

<b>CPT® Code</b>	<b>CPT® Code Description</b>
<b>Cardiac Focal Ablation</b>	
<b>0745T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance
<b>0746T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
<b>0747T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
<b>Stereotactic Radiation Therapy</b>	
<b>77371</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
<b>77372</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
<b>77373</b>	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
<b>77432</b>	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
<b>77435</b>	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
<b>G0339</b>	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
<b>G0340</b>	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment
<b>Intensity Modulated Radiation Therapy (IMRT)</b>	
<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
<b>77338</b>	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
<b>77385</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
<b>77386</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
<b>G6015</b>	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
<b>G6016</b>	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
<b>Neutron Beam Radiation Therapy</b>	
<b>77423</b>	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)



<b>CPT® Code</b>	<b>CPT® Code Description</b>
<b>Intraoperative Radiation Therapy (IORT)</b>	
<b>19294</b>	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy
<b>77424</b>	Intraoperative radiation treatment delivery, x-ray, single treatment session
<b>77425</b>	Intraoperative radiation treatment delivery, electrons, single treatment session
<b>77469</b>	Intraoperative radiation treatment management
<b>Proton Beam Radiation Therapy</b>	
<b>77520</b>	Proton treatment delivery; simple, without compensation
<b>77522</b>	Proton treatment delivery; simple, with compensation
<b>77523</b>	Proton treatment delivery; intermediate
<b>77525</b>	Proton treatment delivery; complex
<b>S8030</b>	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
<b>Hyperthermia Treatment</b>	
<b>77600</b>	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
<b>77605</b>	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
<b>77610</b>	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
<b>77615</b>	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
<b>77620</b>	Hyperthermia generated by intracavitary probe(s)
<b>Radiation Treatment Management</b>	
<b>77427</b>	Radiation treatment management, 5 treatments
<b>77431</b>	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
<b>77470</b>	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
<b>77499</b>	Unlisted procedure, therapeutic radiology treatment management

CPT® Code	CPT® Code Description
<b>Radiation Treatment Planning</b>	
77261	Therapeutic radiology treatment planning; simple
77262	Therapeutic radiology treatment planning; intermediate
77263	Therapeutic radiology treatment planning; complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	Therapeutic radiology simulation-aided field setting; intermediate
77290	Therapeutic radiology simulation-aided field setting; complex
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)
<b>Radiation Treatment Delivery</b>	
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day
77402	Radiation treatment delivery, >1 MeV; simple
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
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
77417	Therapeutic radiology port images(s)
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev
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
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater

CPT® Code	CPT® Code Description
<b>Image-Guided Radiation (IGRT)</b>	
<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields
<b>77387</b>	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields
<b>G6002</b>	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
<b>G6017</b>	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
<b>Medical Radiation Physics, Dosimetry, and Treatment Devices</b>	
<b>77295</b>	3-dimensional radiotherapy plan, including dose-volume histograms
<b>77300</b>	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl
<b>77306</b>	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
<b>77307</b>	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
<b>77321</b>	Special teletherapy port plan, particles, hemibody, total body
<b>77331</b>	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
<b>77332</b>	Treatment devices, design and construction; simple (simple block, simple bolus)
<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
<b>77336</b>	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
<b>77370</b>	Special medical radiation physics consultation
<b>77399</b>	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
<b>Therapeutic Radiopharmaceuticals</b>	
<b>77750</b>	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
<b>79005</b>	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment
<b>79101</b>	Radiopharmaceutical, therapy, by intravenous administration
<b>79403</b>	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
<b>A9513</b>	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
<b>A9543</b>	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)
<b>A9606</b>	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)
<b>A9607</b>	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
<b>A9590</b>	Iodine i-131, iobenguane, 1 millicurie
<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified
<b>C2616</b>	Brachytherapy source, nonstranded, yttrium-90, per source
<b>S2095</b>	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

CPT® Code	CPT® Code Description
<b>Associated Services with Radiation Therapy</b>	
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58346	Insertion of Heyman capsules for clinical brachytherapy
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76965	Ultrasonic guidance for interstitial radioelement application
<b>Neuro SRS</b>	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)

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## Security Health Plan Joint Surgery Code List

Category	CPT® Code	CPT® Code Description	Utilization Management	Claims Management
Joint Sugery	23000	Removal Of Subdeltoid Calcareous Deposits, Open	Yes	No
Joint Sugery	23020	Capsular Contracture Release (Eg, Sever Type Procedure)	Yes	No
Joint Sugery	23120	Claviclectomy; Partial	Yes	No
Joint Sugery	23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	Yes	No
Joint Sugery	23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	Yes	No
Joint Sugery	23412	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open;Chronic	Yes	No
Joint Sugery	23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	Yes	No
Joint Sugery	23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	Yes	No
Joint Sugery	23430	Tenodesis Of Long Tendon Of Biceps	Yes	No
Joint Sugery	23440	Resection Or Transplantation Of Long Tendon Of Biceps	Yes	No
Joint Sugery	23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	Yes	No
Joint Sugery	23455	Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure)	Yes	No
Joint Sugery	23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	Yes	No
Joint Sugery	23462	Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer	Yes	No
Joint Sugery	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	Yes	No
Joint Sugery	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	Yes	No
Joint Sugery	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Yes	No
Joint Sugery	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)]	Yes	No
Joint Sugery	23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	Yes	No
Joint Sugery	23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component	Yes	No
Joint Sugery	27125	Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty)	Yes	No
Joint Sugery	27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	Yes	No
Joint Sugery	27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft	Yes	No
Joint Sugery	27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft	Yes	No
Joint Sugery	27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft	Yes	No
Joint Sugery	27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft	Yes	No
Joint Sugery	27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial OR Lateral	Yes	No
Joint Sugery	27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial AND Lateral	Yes	No
Joint Sugery	27334	Arthrotomy, With Synovectomy, Knee; Anterior OR Posterior	Yes	No
Joint Sugery	27335	Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area	Yes	No
Joint Sugery	27403	Arthrotomy With Meniscus Repair, Knee	Yes	No
Joint Sugery	27412	Autologous Chondrocyte Implantation, Knee	Yes	No
Joint Sugery	27415	Osteochondral Allograft, Knee, Open	Yes	No
Joint Sugery	27416	Osteochondral Autograft(S), Knee, Open (Eg, Mosaicplasty) (Includes Harvesting Of Autograft[S])	Yes	No
Joint Sugery	27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	Yes	No
Joint Sugery	27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	Yes	No
Joint Sugery	27422	Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure)	Yes	No

Category	CPT® Code	CPT® Code Description	Utilization Management	Claims Management
Joint Sugery	27424	Reconstruction Of Dislocating Patella;With Patellectomy	Yes	No
Joint Sugery	27425	Lateral Retinacular Release, Open	Yes	No
Joint Sugery	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Yes	No
Joint Sugery	27428	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open)	Yes	No
Joint Sugery	27429	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular	Yes	No
Joint Sugery	27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	No
Joint Sugery	27438	Arthroplasty, Patella; With Prosthesis	Yes	No
Joint Sugery	27440	Arthroplasty, Knee, Tibial Plateau	Yes	No
Joint Sugery	27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy	Yes	No
Joint Sugery	27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
Joint Sugery	27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
Joint Sugery	27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	Yes	No
Joint Sugery	27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	Yes	No
Joint Sugery	27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	Yes	No
Joint Sugery	27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes	No
Joint Sugery	29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
Joint Sugery	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	Yes	No
Joint Sugery	29807	Arthroscopy, Shoulder, Slap Repair	Yes	No
Joint Sugery	29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
Joint Sugery	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	Yes	No
Joint Sugery	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	Yes	No
Joint Surgery	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])	Yes	No
Joint Surgery	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])	Yes	No
Joint Sugery	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure)	Yes	No
Joint Sugery	29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation	Yes	No
Joint Sugery	29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Partial Acromioplasty, With Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition To Code For Primary Procedure)	Yes	No
Joint Sugery	29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	Yes	No
Joint Sugery	29828	Arthroscopy, Shoulder, Biceps Tenodesis	Yes	No
Joint Sugery	29860	Arthroscopy, Hip, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
Joint Sugery	29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
Joint Sugery	29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	Yes	No
Joint Sugery	29863	Arthroscopy, Hip, Surgical; With Synovectomy	Yes	No
Joint Sugery	29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft[S])	Yes	No
Joint Sugery	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	Yes	No
Joint Sugery	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion(, Medial Or Lateral	Yes	No
Joint Sugery	29870	Arthroscopy, Knee, Diagnostic, With Or Without Synoval Biopsy (Separate Procedure)	Yes	No
Joint Sugery	29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	Yes	No
Joint Sugery	29873	Arthroscopy, Knee, Surgical; With Lateral Release	Yes	No



Category	CPT® Code	CPT® Code Description	Utilization Management	Claims Management
Joint Sugery	<b>29874</b>	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body ( Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	Yes	No
Joint Sugery	<b>29875</b>	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	Yes	No
Joint Sugery	<b>29876</b>	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, Medial Or Lateral)	Yes	No
Joint Sugery	<b>29877</b>	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	Yes	No
Joint Sugery	<b>29879</b>	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	Yes	No
Joint Sugery	<b>29880</b>	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed	Yes	No
Joint Sugery	<b>29881</b>	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed	Yes	No
Joint Sugery	<b>29882</b>	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral)	Yes	No
Joint Sugery	<b>29883</b>	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial And Lateral)	Yes	No
Joint Sugery	<b>29884</b>	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manipulation (Separate Procedure)	Yes	No
Joint Sugery	<b>29885</b>	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	Yes	No
Joint Sugery	<b>29886</b>	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	Yes	No
Joint Sugery	<b>29887</b>	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	Yes	No
Joint Sugery	<b>29888</b>	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
Joint Sugery	<b>29889</b>	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
Joint Sugery	<b>29914</b>	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	Yes	No
Joint Sugery	<b>29915</b>	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	Yes	No
Joint Sugery	<b>29916</b>	Arthroscopy, Hip, Surgical; With Labral Repair	Yes	No
Joint Sugery	<b>S2118</b>	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	No

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## Security Health Plan Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	No
22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes	No
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	Yes	No
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days	Yes	No
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day	Yes	No
62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	Yes	No
62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	Yes	No
62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	Yes	No
62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S) At The Treated Level(S), When Performed, Single Or Multiple Levels, Lumbar	Yes	No
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	No
62320	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
62321	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)	Yes	No
62322	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance	Yes	No
62323	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)	Yes	No
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance	Yes	No
62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)	Yes	No
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance	Yes	No
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)	Yes	No
62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy	Yes	No
62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy	Yes	No
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	No
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	No
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	No
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	No
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	No
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64479	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	Yes	No
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)	Yes	No
64483	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	Yes	No
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)	Yes	No
64490	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Jo	Yes	No
64491	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
64492	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Yes	No
64493	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level	Yes	No
64494	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
64495	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Yes	No
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Yes	No
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	Yes	No
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes	No
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	Yes	No
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes	No

<b>CPT® Code</b>	<b>CPT® Code Description</b>	<b>Utilization Management</b>	<b>Claims Management</b>
<b>64636</b>	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	Yes	No
<b>0213T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	No
<b>0214T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	No
<b>0215T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	No
<b>0216T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	No
<b>0217T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	No
<b>0218T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	No
<b>0627T</b>	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	No
<b>0628T</b>	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	No
<b>0629T</b>	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	No
<b>0630T</b>	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	No
<b>G0260</b>	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	Yes	No
<b>M0076</b>	Prolotherapy	Yes	No

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## Security Health Plan Physical Therapy & Occupational Therapy Code List

CPT® Code	CPT® Code Description
<b>90901</b>	Biofeedback Training By Any Modality
<b>92548</b>	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
<b>95851</b>	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)
<b>95852</b>	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side
<b>95992</b>	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day
<b>97010</b>	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs
<b>97012</b>	Application Of A Modality To 1 Or More Areas; Traction, Mechanical
<b>97014</b>	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)
<b>97016</b>	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices
<b>97018</b>	Application Of A Modality To 1 Or More Areas; Paraffin Bath
<b>97022</b>	Application Of A Modality To 1 Or More Areas; Whirlpool
<b>97024</b>	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)
<b>97026</b>	Application Of A Modality To 1 Or More Areas; Infrared- <b>Not Allowed for Medicare Members</b>
<b>97028</b>	Application Of A Modality To 1 Or More Areas; Ultraviolet
<b>97032</b>	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes
<b>97033</b>	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes
<b>97034</b>	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes
<b>97035</b>	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes
<b>97036</b>	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes
<b>97039</b>	Unlisted Modality (Specify Type And Time If Constant Attendance)
<b>97110</b>	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility
<b>97112</b>	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities
<b>97113</b>	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises
<b>97116</b>	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)

CPT® Code	CPT® Code Description
97124	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97139	Unlisted Therapeutic Procedure (Specify)
97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes
97150	Therapeutic Procedure(S), Group (2 Or More Individuals)
97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes
97535	Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes
97537	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Contact, Each 15 Minutes
97542	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes
97545	Work Hardening /Conditioning; Initial 2 Hours
97546	Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)
97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less
97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters
97750	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes
97755	Assistive Technology Assessment (Eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes

CPT® Code	CPT® Code Description
97760	Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(ies), Lower Extremity(ies) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes
97761	Prosthetic(S) Training, Upper And/Or Lower Extremity(ies), Initial Prosthetic(S) Encounter, Each 15 Minutes
97763	Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(ies), Lower Extremity(ies), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes
97799	Unlisted Physical Medicine/Rehabilitation Service Or Procedure
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
G0151	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes
G0152	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes
G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes
G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes
G0159	Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes
G0160	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes
G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.
G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281
G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care
G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care

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## Security Health Plan Speech Therapy Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
<b>31575</b>	Laryngoscopy, Flexible Fiberoptic; Diagnostic	Yes	Yes
<b>31579</b>	Laryngoscopy, Flexible Or Rigid Fiberoptic, With Stroboscopy	Yes	Yes
<b>92507</b>	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual	Yes	Yes
<b>92508</b>	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals	Yes	Yes
<b>92511</b>	Nasopharyngoscopy With Endoscope (Separate Procedure)	Yes	Yes
<b>92520</b>	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	Yes	Yes
<b>92526</b>	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	Yes	Yes
<b>92597</b>	Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech	Yes	Yes
<b>92605</b>	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	Yes	Yes
<b>92606</b>	Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification	Yes	Yes
<b>92607</b>	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	Yes	Yes
<b>92608</b>	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes
<b>92609</b>	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification	Yes	Yes
<b>92610</b>	Evaluation Of Oral And Pharyngeal Swallowing Function	Yes	Yes

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	Yes	Yes
92612	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording;	Yes	Yes
92613	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92614	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording;	Yes	Yes
92615	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92616	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording;	Yes	Yes
92617	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes
92626	Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Yes	Yes
92627	Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Yes	Yes
92630	Auditory Rehabilitation; Prelingual Hearing Loss	Yes	Yes
92633	Auditory Rehabilitation; Postlingual Hearing Loss	Yes	Yes
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, Per Hour	Yes	Yes
96110	Developmental Screening (Eg, Developmental Milestone Survey, Speech And Language Delay Screen), With Scoring And Documentation, Per Standardized Instrument	Yes	Yes
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Yes	Yes
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	Yes
96125	Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Qualified Health Care Professional's Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report	Yes	Yes

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes.	Yes	Yes
G0451	Development testing, with interpretation and report, per standardized instrument form	Yes	Yes
S9152	Speech therapy, re-evaluation	Yes	Yes
G0161	Hhc Slp Ea 15 Min	No	Yes
S9128	Speech Therapy, In The Home,	No	Yes

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## Security Health Plan Spine Surgery Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	No
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	No
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Yes	No
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	No
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	No
20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)	Yes	No
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Yes	Yes
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Yes	No
22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes	No
22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes	No
22512	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body( List Separately In Addition To Code For Primary Procedure)	Yes	No
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Thoracic	Yes	No
22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Lumbar	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body(List Separately In Addition To Code For Primary Procedure)	Yes	No
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Yes	No
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophyctomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	Yes	No
22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophyctomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Separate Procedure)	Yes	No
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Yes	No
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	No
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Yes	No
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Yes	No
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	No
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	No
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	Yes	No
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)	Yes	No
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	Yes	No
22853	Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Conjunction With Interbody Arthrodesis, Each Interspace (List Performed, To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis, Each Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete) Defect, In Conjunction With Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)	Yes	No
22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical	Yes	No
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Yes	No
22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No
22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary Procedure)	Yes	No
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)		No
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	No
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distractio	Yes	No
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distractio	Yes	No
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distractio	Yes	No
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distractio	Yes	No
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar	Yes	No
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical	Yes	No
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis	Yes	No
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	Yes	No
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	Yes	No
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar	Yes	No
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	Yes	No
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Yes	No
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical	Yes	No
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar	Yes	No
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Forminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No



CPT® Code	CPT® Code Description	Utilization Management	Claims Management
63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	Yes	No
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar	Yes	No
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)	Yes	No
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments	Yes	No
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices (Eg, Wire, Suture, Mini-Plates), When Performed)	Yes	No
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	No
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	No
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)	Yes	No
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	Yes	No
63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment	Yes	No
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	Yes	No
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No
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)	Yes	No
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificialdisc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
0274T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic.	Yes	No
0275T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar	Yes	No
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	Yes	No
E0748	Osteogenesis Stimulator; Electrical, Noninvasive, Spinal Applications	Yes	No
E0749	Osteogenesis Stimulator; Electrical, Surgically Implanted	Yes	No

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## Security Health Plan Sleep Therapy Code List

CPT® Code	CPT® Code Description
<b>95782</b>	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
<b>95783</b>	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist
<b>95800</b>	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
<b>95801</b>	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
<b>95803</b>	Actigraphy
<b>95805</b>	Multiple Sleep Latency Test Or Maintenance Of Wakefulness Test
<b>95806</b>	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort (E.G. Thoracoabdominal Movement)
<b>95807</b>	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, ECG Or Heart Rate, And Oxygen Saturation, Attended By A Technologist
<b>95808</b>	Polysomnography, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist
<b>95810</b>	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
<b>95811</b>	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep For PAP Titration, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist
<b>G0398</b>	Home Sleep Study Test (Hst) With Type Ii Portable Monitor, Unattended; Minimum Of 7 Channels Including: Eeg, Eog, Emg, Respiratory Movement, Airflow, Ecg/Heart Rate And Oxygen Saturation
<b>G0399</b>	Home Sleep Study Test (Hst) With Type Iii Portable Monitor, Unattended; Minimum Of 4 Channels: 2 Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation
<b>G0400</b>	Home Sleep Study Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels
<b>K1027</b>	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment
<b>K1028</b>	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
<b>K1029</b>	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply

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