

## Health Alliance Medical Plan Cardiology and Radiology Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
Cardiac Rhythm Implantable Devices (CRID)	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
Cardiac Rhythm Implantable Devices (CRID)	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
Cardiac Rhythm Implantable Devices (CRID)	33212	Insertion of pacemaker pulse generator only; with existing single lead
Cardiac Rhythm Implantable Devices (CRID)	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator)
Cardiac Rhythm Implantable Devices (CRID)	33221	Insertion of pacemaker pulse generator only; with existing multiple leads
Cardiac Rhythm Implantable Devices (CRID)	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)
Cardiac Rhythm Implantable Devices (CRID)	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
Cardiac Rhythm Implantable Devices (CRID)	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
Cardiac Rhythm Implantable Devices (CRID)	33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads

Category	CPT® Code	CPT® Code Description
Cardiac Rhythm Implantable Devices (CRID)	33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
Cardiac Rhythm Implantable Devices (CRID)	33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead
Cardiac Rhythm Implantable Devices (CRID)	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Cardiac Rhythm Implant	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
Cardiac Rhythm Implant	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
Cardiac Rhythm Implantable Devices (CRID)	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
Cardiac Rhythm Implantable Devices (CRID)	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular
Cardiac Rhythm Implantable Devices (CRID)	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed
Radiology: MR	70336	M R I T M J
Radiology: CT	70450	C T Head Without Contrast
Radiology: CT	70460	C T Head With Contrast
Radiology: CT	70470	C T Head Without & With Contrast
Radiology: CT	70480	C T Orbit Without Contrast
Radiology: CT	70481	C T Orbit With Contrast
Radiology: CT	70482	C T Orbit Without & With Contrast
Radiology: CT	70486	C T Maxillofacial Without Contrast
Radiology: CT	70487	C T Maxillofacial With Contrast
Radiology: CT	70488	C T Maxillofacial Without & With Contrast
Radiology: CT	70490	C T Soft Tissue Neck Without Contrast
Radiology: CT	70491	C T Soft Tissue Neck With Contrast
Radiology: CT	70492	C T Soft Tissue Neck Without & With Contrast
Radiology: CT	70496	C T Angiography Head
Radiology: CT	70498	C T Angiography Neck

Category	CPT® Code	CPT® Code Description
Radiology: MR	70540	M R I Orbit, Face, Neck and/or Without Contrast
Radiology: MR	70542	M R I Face, Orbit, Neck With Contrast
Radiology: MR	70543	M R I Face, Orbit, Neck With & Without Contrast
Radiology: MR	70544	M R A Head Without Contrast
Radiology: MR	70545	M R A Head With Contrast
Radiology: MR	70546	M R A Head With & Without Contrast
Radiology: MR	70547	M R A Neck Without Contrast
Radiology: MR	70548	M R A Neck With Contrast
Radiology: MR	70549	M R A Neck With & Without Contrast
Radiology: MR	70551	M R I Head Without Contrast
Radiology: MR	70552	M R I Head With Contrast
Radiology: MR	70553	M R I Head With & Without Contrast
Radiology: MR	70554	MRI Brain, functional MRI
Radiology: MR	70555	MRI Brain, functional MRI, requiring physician
Radiology: CT	71250	C T Thorax, Diagnostic; Without Contrast Material
Radiology: CT	71260	C T Thorax, Diagnostic; With Contrast Material(S)
Radiology: CT	71270	C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(S) And Further Sections
Radiology: CT	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Radiology: CT	71275	C T Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Postprocessing
Radiology: MR	71550	M R I Chest Without Contrast
Radiology: MR	71551	M R I Chest With Contrast
Radiology: MR	71552	M R I Chest With & Without Contrast
Radiology: MR	71555	M R A Chest (Excluding Myocardium) With Or Without Contrast
Radiology: CT	72125	C T Cervical Spine Without Contrast
Radiology: CT	72126	C T Cervical Spine With Contrast
Radiology: CT	72127	C T Cervical Spine Without & With Contrast
Radiology: CT	72128	C T Thoracic Spine Without Contrast
Radiology: CT	72129	C T Thoracic Spine With Contrast
Radiology: CT	72130	C T Thoracic Spine Without & With Contrast
Radiology: CT	72131	C T Lumbar Spine Without Contrast
Radiology: CT	72132	C T Lumbar Spine With Contrast
Radiology: CT	72133	C T Lumbar Spine Without & With Contrast

Category	CPT® Code	CPT® Code Description
Radiology: MR	72141	M R I Cervical Spine Without Contrast
Radiology: MR	72142	M R I Cervical Spine With Contrast
Radiology: MR	72146	M R I Thoracic Spine Without Contrast
Radiology: MR	72147	M R I Thoracic Spine With Contrast
Radiology: MR	72148	M R I Lumbar Spine Without Contrast
Radiology: MR	72149	M R I Lumbar Spine With Contrast
Radiology: MR	72156	M R I Cervical Spine With & Without Contrast
Radiology: MR	72157	M R I Thoracic Spine With & Without Contrast
Radiology: MR	72158	M R I Lumbar Spine With & Without Contrast
Radiology: MR	72159	M R A Spinal Canal With Or Without Contrast
Radiology: CT	72191	Computed Tomography, Thorax, Diagnostic; With Contrast Material(S)
Radiology: CT	72192	C T Pelvis Without Contrast
Radiology: CT	72193	C T Pelvis With Contrast
Radiology: CT	72194	C T Pelvis Without & With Contrast
Radiology: MR	72195	M R I Pelvis Without Contrast
Radiology: MR	72196	M R I Pelvis With Contrast
Radiology: MR	72197	M R I Pelvis With & Without Contrast
Radiology: MR	72198	M R A Pelvis With Or Without Contrast
Radiology: CT	73200	C T Upper Extremity Without Contrast
Radiology: CT	73201	C T Upper Extremity With Contrast
Radiology: CT	73202	C T Upper Extremity Without & With Contrast
Radiology: CT	73206	C T Angiography Upper Extremity
Radiology: MR	73218	M R I Upper Extremity Without Contrast
Radiology: MR	73219	M R I Upper Extremity With Contrast
Radiology: MR	73220	M R I Upper Extremity With & Without Contrast
Radiology: MR	73221	M R I Upper Extremity Joint Without Contrast
Radiology: MR	73222	M R I Upper Extremity Joint With Contrast
Radiology: MR	73223	M R I Upper Extremity Joint With & Without Contrast
Radiology: MR	73225	M R A Upper Extremity With Or Without Contrast
Radiology: CT	73700	C T Lower Extremity Without Contrast
Radiology: CT	73701	C T Lower Extremity With Contrast
Radiology: CT	73702	C T Lower Extremity Without & With Contrast
Radiology: CT	73706	C T Angiography Lower Extremity

Category	CPT® Code	CPT® Code Description
Radiology: MR	73718	M R I Lower Extremity Without Contrast
Radiology: MR	73719	M R I Lower Extremity With Contrast
Radiology: MR	73720	M R I Lower Extremity With & Without Contrast
Radiology: MR	73721	M R I Lower Extremity Joint Without Contrast
Radiology: MR	73722	M R I Lower Extremity Joint With Contrast
Radiology: MR	73723	M R I Lower Extremity Joint With & Without Contrast
Radiology: MR	73725	M R A Lower Extremity With Or Without Contrast
Radiology: CT	74150	C T Abdomen Without Contrast
Radiology: CT	74160	C T Abdomen With Contrast
Radiology: CT	74170	C T Abdomen Without & With Contrast
Radiology: CT	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Radiology: CT	74175	C T Angiography Abdomen
Radiology: CT	74176	CT abdomen and pelvis without contrast
Radiology: CT	74177	CT abdomen and pelvis with contrast
Radiology: CT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Radiology: MR	74181	M R I Abdomen Without Contrast
Radiology: MR	74182	M R I Abdomen With Contrast
Radiology: MR	74183	M R I Abdomen With & Without Contrast
Radiology: MR	74185	M R A Abdomen With Or Without Contrast
Radiology: CT	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Radiology: CT	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
Radiology: CT	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Cardiac: MR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material
Cardiac: MR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Cardiac: MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
Cardiac: 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
Cardiac: MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)
Cardiac: CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium

Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description
Cardiac: CT	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
Cardiac: CT	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed)
Cardiac: CT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
CID	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional
Radiology: CT	75635	C T Angiography Abdominal Aorta
Radiology: 3D Imaging	76376	3D Rendering W/O Postprocessing
Radiology: 3D Imaging	76377	3D Rendering W Postprocessing
Radiology: CT	76380	C T Limited Or Localized Follow-Up Study
Radiology: MR	76390	M R I Spectroscopy
Radiology: MRI	76391	Magnetic resonance (eg, vibration) elastography
Radiology: CT	76497	Unlisted computed tomography procedure
Radiology: MR	76498	Unlisted MRI Procedure
Radiology: CT	77014	CT Guide Plcmnt Radiation
Radiology: MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
Radiology: MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
Radiology: BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Radiology: BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Radiology: BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Radiology: BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Radiology: CT	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton
Radiology: MR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Radiology: Nuclear Medicine	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
Radiology: Nuclear Medicine	78013	Thyroid imaging (including vascular flow, when performed)
Radiology: Nuclear Medicine	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

Category	CPT® Code	CPT® Code Description
Radiology: Nuclear Medicine	78015	Thyroid Met Imaging
Radiology: Nuclear Medicine	78016	Thyroid Met Imaging With Additional Studies
Radiology: Nuclear Medicine	78018	Thyroid Scan Whole Body
Radiology: Nuclear Medicine	78020	Thyroid Carcinoma Metastases Uptake
Radiology: Nuclear Medicine	78070	Parathyroid planar imaging (including subtraction, when performed)
Radiology: Nuclear Medicine	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
Radiology: Nuclear Medicine	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
Radiology: Nuclear Medicine	78075	Adrenal Nuclear Imaging
Radiology: Nuclear Medicine	78102	Bone Marrow Imaging, Limited
Radiology: Nuclear Medicine	78103	Bone Marrow Imaging, Multiple
Radiology: Nuclear Medicine	78104	Bone Marrow Imaging, Whole Body
Radiology: Nuclear Medicine	78140	Labeled Red Cell Sequestration
Radiology: Nuclear Medicine	78185	Spleen Imaging With & Without Vascular Flow
Radiology: Nuclear Medicine	78216	Liver & Spleen Imaging With Flow
Radiology: Nuclear Medicine	78226	Hepatobiliary system imaging, including gallbladder when present;
Radiology: Nuclear Medicine	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
Radiology: Nuclear Medicine	78230	Salivary Gland Imaging
Radiology: Nuclear Medicine	78231	Serial Salivary Gland
Radiology: Nuclear Medicine	78232	Salivary Gland Function Exam
Radiology: Nuclear Medicine	78261	Gastric Mucosa Imaging

Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description
Radiology: Nuclear Medicine	78278	GI Bleeder Scan
Radiology: Nuclear Medicine	78291	Leveen Shunt Patency Exam
Radiology: Nuclear Medicine	78300	Bone Or Joint Imaging Limited
Radiology: Nuclear Medicine	78305	Bone Or Joint Imaging Multiple
Radiology: Nuclear Medicine	78306	Bone Scan Whole Body
Radiology: Nuclear Medicine	78315	Bone Scan 3 Phase Study
Radiology: Nuclear Medicine	78414	Non-Imaging Heart Function
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
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)
Radiology: Nuclear Medicine	78445	Radionuclide Venogram Non-Cardiac
Cardiac: Myocardial Perfusion Imaging (Nuclear Stress)	78451	myocardial perfusion imaging, tomographic (spect) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
Cardiac: Myocardial Perfusion Imaging (Nuclear Stress)	78452	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection



Category	CPT® Code	CPT® Code Description
Cardiac: Myocardial Perfusion Imaging (Nuclear Stress)	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
Cardiac: Myocardial Perfusion Imaging (Nuclear Stress)	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
Radiology: Nuclear Medicine	78457	Venous Thrombosis Imaging Unilateral
Cardiac: PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
Radiology: Nuclear Medicine	78466	Myocardial Infarction Scan
Radiology: Nuclear Medicine	78468	Heart Infarct Image Ejection Fraction
Radiology: Nuclear Medicine	78472	Cardiac bloodpool img, single
Radiology: Nuclear Medicine	78483	Cardiac Blood Pool Imaging -- Multiple
Cardiac: PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
Cardiac: PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)
Radiology: Nuclear Medicine	78494	Cardiac Blood Pool Imaging , SPECT
Radiology: Nuclear Medicine	78496	Cardiac Blood Pool Imaging - Single Study @ Rest
Radiology: Nuclear Medicine	78499	Unlisted Cardiovascular Procedure - Redirect to valid procedure
Radiology: Nuclear Medicine	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
Radiology: Nuclear Medicine	78580	Pulmonary perfusion imaging (eg, particulate)
Radiology: Nuclear Medicine	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
Radiology: Nuclear Medicine	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
Radiology: Nuclear Medicine	78600	Brain Imaging Limited Static
Radiology: Nuclear Medicine	78601	Brain Limited Imaging And Flow

Category	CPT® Code	CPT® Code Description
Radiology: Nuclear Medicine	78605	Brain Imaging Complete
Radiology: Nuclear Medicine	78606	Brain Imaging Complete With Flow
Radiology: PET	78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation
Radiology: PET	78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation
Radiology: Nuclear Medicine	78610	Brain Flow Imaging Only
Radiology: Nuclear Medicine	78630	Cisternogram (Cerebrospinal Fluid Flow)
Radiology: Nuclear Medicine	78635	Cerebrospinal Ventriculography
Radiology: Nuclear Medicine	78645	CSF Shunt Evaluation
Radiology: Nuclear Medicine	78650	C S F Leakage Detection And Localization
Radiology: Nuclear Medicine	78660	Radiopharmaceutical Dacryocystography
Radiology: Nuclear Medicine	78700	Kidney Imaging Morphology
Radiology: Nuclear Medicine	78701	Kidney Imaging With Vascular Flow
Radiology: Nuclear Medicine	78707	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention
Radiology: Nuclear Medicine	78708	Kidney Imaging Single Study With Pharmacological Intervention
Radiology: Nuclear Medicine	78725	Kidney Function Study - Non-Imaging Radioisotopic
Radiology: Nuclear Medicine	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single
Radiology: Nuclear Medicine	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
Radiology: Nuclear Medicine	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
Radiology: Nuclear Medicine	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging

Category	CPT® Code	CPT® Code Description
Radiology: Nuclear Medicine	78804	Radiopharm Localization Of Tumor, Whole Body
Radiology: PET	78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, CHEST, HEAD/NECK)
Radiology: PET	78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH
Radiology: PET	78813	POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY
Radiology: PET	78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LIMITED AREA (EG CHEST, HEAD/NECK)
Radiology: PET	78815	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL BASE TO MID-THIGH
Radiology: PET	78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHOLE BODY
Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
Cardiac: ECHO	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
Cardiac: ECHO	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
Cardiac: ECHO	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
Cardiac: ECHO	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete
Cardiac: ECHO	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study
Cardiac: ECHO	93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report
Cardiac: ECHO	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only

Category	CPT® Code	CPT® Code Description
Cardiac: ECHO	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
Cardiac: ECHO	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
Cardiac: ECHO	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
Cardiac: ECHO	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
Cardiac: ECHO	93318	Echo transesophageal intraop
ECHO	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
Cardiac: ECHO	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
Cardiac: ECHO	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study
Cardiac: ECHO	93325	Doppler echocardiography color flow velocity mapping
Cardiac: ECHO STRESS	93350	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report
Cardiac: ECHO STRESS	93351	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation
Cardiac: Diagnostic Heart Cath	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED
Cardiac: Diagnostic Heart Cath	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
Cardiac: Diagnostic Heart Cath	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
Cardiac: Diagnostic Heart Cath	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
Cardiac: Diagnostic Heart Cath	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography
Cardiac: Diagnostic Heart Cath	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Cardiac: Diagnostic Heart Cath	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

Category	CPT® Code	CPT® Code Description
Cardiac: Diagnostic Heart Cath	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Cardiac: Diagnostic Heart Cath	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Cardiac: Diagnostic Heart Cath	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Cardiac: Diagnostic Heart Cath	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Cardiac: Diagnostic Heart Cath	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
Cardiac: Diagnostic Heart Cath	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
Cardiac: Diagnostic Heart Cath	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
Cardiac: Diagnostic Heart Cath	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections
Radiology: CT	0042T	CT perfusion brain
NUC CARD	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
NUC CARD	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
Cardiac Rhythm Implantable Devices (CRID)	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
Cardiac Rhythm Implantable Devices (CRID)	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
Cardiac Rhythm Implantable Devices (CRID)	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only
Cardiac Rhythm Implantable Devices (CRID)	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)
Cardiac Rhythm Implantable Devices (CRID)	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only

Category	CPT® Code	CPT® Code Description
CRID	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
CRID	0572T	Insertion of substernal implantable defibrillator electrode
Radiology: 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
Radiology: MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
Radiology: 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
Radiology: MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
CRID	0614T	Removal and replacement of substernal implantable defibrillator pulse generator
CCTA	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report. <b>Effective 9/1/2021 AMA Additions</b>
CCTA	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. <b>Effective 9/1/2021 AMA Additions</b>
CCTA	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. <b>Effective 9/1/2021 AMA Additions</b>
CCTA	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report. <b>Effective 9/1/2021 AMA Additions</b>
Radiology: CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
Radiology: CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
Radiology: CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
Radiology: CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
Radiology: CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
Radiology: CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)

Category	CPT® Code	CPT® Code Description
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. <b>Effective 7/1/2021 AMA Additions</b>
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). <b>Effective 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)
CT (CTA)	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
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
NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
CID	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)
CID	0796T	Transcatheter insertion of right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)
CID	0797T	Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
CID	0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)



Category	CPT® Code	CPT® Code Description
CID	0799T	Transcatheter removal of right atrial pacemaker component
CID	0800T	Transcatheter removal of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
CID	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)
CID	0802T	Transcatheter removal and replacement of right atrial pacemaker component
CID	0803T	Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
CID	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
CID	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed
CID	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
CID	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)
CID	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only
CID	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only
Radiology: MR	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session
Radiology: 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)
Radiology: MR	C8900	MRA Abdomen with contrast
Radiology: MR	C8901	MRA Abdomen without contrast
Radiology: MR	C8902	MRA Abdomen with and w/o contrast
Radiology: MR	C8903	MRI Breast w/ contrast, unilateral
Radiology: MR	C8905	MRI Breast w. and w/o contrast, unilateral



Category	CPT® Code	CPT® Code Description
Radiology: MR	C8906	MRI BREAST BILATERAL w/ CONTRAST
Radiology: MR	C8908	MRI BREAST BILATERAL w/ and w/o CONTRAST
Radiology: MR	C8909	MRA chest w/contrast (excluding myocardium)
Radiology: MR	C8910	MRA chest w/o contrast (excluding myocardium)
Radiology: MR	C8911	MRA chest (excluding myocardium)
Radiology: MR	C8912	MRA lower extremity w/ contrast
Radiology: MR	C8913	MRA lower extremity w/o contrast
Radiology: MR	C8914	MRA lower extremity w/ and w/o contrast
Radiology: MR	C8918	MRA pelvis w/ contrast
Radiology: MR	C8919	MRA pelvis w/o contrast
Radiology: MR	C8920	MRA pelvis w/ and w/o contrast
Cardiac: ECHO	C8921	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete
Cardiac: ECHO	C8922	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study
Cardiac: ECHO	C8923	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete
Cardiac: ECHO	C8924	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study
Cardiac: ECHO	C8928	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording, during rest and cardiovascular stress test, w/interpretation and report
Cardiac: ECHO	C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
Cardiac: ECHO	C8930	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
Radiology: MR	C8931	MRA, W/DYE, SPINAL CANAL
Radiology: MR	C8932	MRA, W/O DYE, SPINAL CANAL
Radiology: MR	C8933	MRA, W/O&W/DYE, SPINAL CANAL
Radiology: MR	C8934	MRA, W/DYE, UPPER EXTREMITY
Radiology: MR	C8935	MRA, W/O DYE, UPPER EXTR
Radiology: MR	C8936	MRA, W/O&W/DYE, UPPER EXTR
Radiology: MRI	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
Radiology: MRI	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging

Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description
Radiology: MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent
Radiology: PET	G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS
Radiology: PET	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED
Radiology: PET	G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER
Radiology: MR	S8037	Magnetic resonance cholangiopancreato-graphy (MRCP)
Radiology: MR	S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD
Radiology: CT	S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical
Radiology: PET	S8085	Fluorine-18 Fluorodeoxyglucose (F-18 FDG) Imaging Using Dual Head Coincidence Detection System. (Non-dedicated PET scan)
Radiology: CT	S8092	Electron beam computed tomography (also known as ultrafast CT, CINET)

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## Health Alliance Medical Plan Acupuncture Services Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple

Category	CPT® Code	CPT® Code Description
Acupuncture; Chiro, PT/OT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
Acupuncture; Chiro, PT/OT, Massage Therapy	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
Acupuncture; PT/OT	97139	Unlisted therapeutic procedure (specify)

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## Health Alliance Medical Plan Chiropractic Services Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple

Category	CPT® Code	CPT® Code Description
Chiro; PT/OT	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
Chiro; PT/OT	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
Chiro; PT/OT	97010	Application of a modality to 1 or more areas; hot or cold packs
Chiro; PT/OT	97012	Application of a modality to 1 or more areas; traction, mechanical
Chiro; PT/OT	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Chiro; PT/OT	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Chiro; PT/OT	97018	Application of a modality to 1 or more areas; paraffin bath
Chiro; PT/OT	97022	Application of a modality to 1 or more areas; whirlpool
Chiro; PT/OT	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Chiro; PT/OT	97028	Application of a modality to 1 or more areas; ultraviolet
Chiro; PT/OT	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
Chiro; PT/OT	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Chiro; PT/OT	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
Chiro; PT/OT	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
Chiro; PT/OT	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
Chiro; PT/OT	97039	Unlisted modality (specify type and time if constant attendance)
Chiro; Acupuncture, PT/OT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
Chiro; PT/OT	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
Chiro; PT/OT	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
Chiro; Acupuncture, Massage Therapy, PT/OT	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

Category	CPT® Code	CPT® Code Description
Chiro; PT/OT	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Chiro; PT/OT	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremit(ies), lower extremit(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes
Chiro; PT/OT	97761	Prosthetic(s) training, upper and/or lower extremit(ies), initial prosthetic(s) encounter, each 15 minutes
Chiro; PT/OT	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Chiro; PT/OT	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Chiro; PT/OT	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
Chiro; PT/OT	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
Chiro; PT/OT	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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## Health Alliance Medical Plan Joint Services Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
Joint	23000	Removal of subdeltoid calcareous deposits, open
Joint	23020	Capsular contracture release (eg, sever type procedure)
Joint	23120	Claviclectomy; partial
Joint	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
Joint	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
Joint	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic
Joint	23415	Coracoacromial ligament release, with or without acromioplasty
Joint	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
Joint	23440	Resection or transplantation of long tendon of biceps
Joint	23450	Capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation
Joint	23455	Capsulorrhaphy, anterior;with labral repair (eg, bankart procedure)
Joint	23460	Capsulorrhaphy, anterior, any type; with bone block
Joint	23462	Capsulorrhaphy, anterior, any type;with coracoid process transfer
Joint	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
Joint	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
Joint	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
Joint	23472	Arthroplasty, glenohumeral joint; total shoulder [glenoid and proximal humeral replacement (e.g., total shoulder)]
Joint	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Joint	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Joint	27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)

Category	CPT® Code	CPT® Code Description
Joint	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
Joint	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
Joint	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
Joint	27138	Revision of total hip arthroplasty; femoral component only, with or without autograft or allograft
Joint	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral
Joint	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial and lateral
Joint	27334	Arthrotomy, with synovectomy, knee; anterior or posterior
Joint	27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area
Joint	27403	Arthrotomy with meniscus repair, knee
Joint	27412	Autologous chondrocyte implantation, knee
Joint	27415	Osteochondral allograft, knee, open
Joint	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
Joint	27418	Anterior tibial tubercleplasty (eg, maquet type procedure)
Joint	27420	Reconstruction of dislocating patella; (eg, hauser type procedure)
Joint	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, campbell, goldwaite type procedure)
Joint	27424	Reconstruction of dislocating patella; with patellectomy
Joint	27425	Lateral retinacular release, open
Joint	27427	Ligamentous reconstruction (augmentation), knee; extra-articular
Joint	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
Joint	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
Joint	27430	Quadricepsplasty (eg, bennett or thompson type)
Joint	27438	Arthroplasty, patella; with prosthesis
Joint	27440	Arthroplasty, knee, tibial plateau
Joint	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
Joint	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
Joint	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
Joint	27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment
Joint	27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)
Joint	27486	Revision of total knee arthroplasty, with or without allograft; 1 component
Joint	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
Joint	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

Category	CPT® Code	CPT® Code Description
Joint	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
Joint	29807	Arthroscopy, shoulder, slap repair
Joint	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
Joint	29820	Arthroscopy, shoulder, surgical; synovectomy, partial
Joint	29821	Arthroscopy, shoulder, surgical; synovectomy, complete
Joint	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])
Joint	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])
Joint	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)
Joint	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
Joint	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)
Joint	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
Joint	29828	Arthroscopy, shoulder, biceps tenodesis
Joint	29860	Arthroscopy, hip, diagnostic, with or without synovial biopsy (separate procedure)
Joint	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
Joint	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
Joint	29863	Arthroscopy, hip, surgical; with synovectomy
Joint	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Joint	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
Joint	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion(, medial or lateral
Joint	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
Joint	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
Joint	29873	Arthroscopy, knee, surgical; with lateral release
Joint	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body ( eg osteochondritis dissecans fragmentation, chondral fragmentation)
Joint	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg plica or shelf resection) (separate procedure)



Category	CPT® Code	CPT® Code Description
Joint	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Joint	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
Joint	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
Joint	29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment (s) when performed
Joint	29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment (s) when performed
Joint	29882	Arthroscopy, knee, surgical; with meniscal repair (medial or lateral)
Joint	29883	Arthroscopy, knee, surgical; with meniscal repair (medial and lateral)
Joint	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
Joint	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
Joint	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
Joint	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
Joint	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
Joint	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
Joint	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Joint	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Joint	29916	Arthroscopy, hip, surgical; with labral repair

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## Health Alliance Medical Plan Massage Therapy Code List

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Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.  
\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
Massage Therapy; Acupuncture, Chiro, PT/OT	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

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## Health Alliance Medical Plan Interventional Pain Management Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
Interventional Pain	22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL
Interventional Pain	22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; ONCE OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED
Interventional Pain	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
Interventional Pain	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
Interventional Pain	62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID
Interventional Pain	62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC
Interventional Pain	62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)
Interventional Pain	62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH THE USE OF AN ENDOSCOPE, WITH DISCOGRAPHY AND/OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S), WHEN PERFORMED, SINGLE OR MULTIPLE LEVELS, LUMBAR

Category	CPT® Code	CPT® Code Description
Interventional Pain	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE, OR MULTIPLE LEVELS, LUMBAR
Interventional Pain	62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE
Interventional Pain	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
Interventional Pain	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE
Interventional Pain	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
Interventional Pain	62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE
Interventional Pain	62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
Interventional Pain	62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE
Interventional Pain	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
Interventional Pain	62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITHOUT LAMINECTOMY

Category	CPT® Code	CPT® Code Description
Interventional Pain	62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITH LAMINECTOMY
Interventional Pain	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR
Interventional Pain	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR; NONPROGRAMMABLE PUMP
Interventional Pain	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING
Interventional Pain	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL
Interventional Pain	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL
Interventional Pain	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
Interventional Pain	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Interventional Pain	64479	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC, SINGLE LEVEL
Interventional Pain	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)
Interventional Pain	64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL
Interventional Pain	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)
Interventional Pain	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL
Interventional Pain	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL

Category	CPT® Code	CPT® Code Description
Interventional Pain	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)
Interventional Pain	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)
Interventional Pain	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Interventional Pain	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT
Interventional Pain	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT
Interventional Pain	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY
Interventional Pain	0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL
Interventional Pain	0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description
Interventional Pain	0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL
Interventional Pain	0630T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE- BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Interventional Pain	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
Interventional Pain	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator

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## Health Alliance Medical Plan Physical and Occupational Therapy Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple

Category	CPT® Code	CPT® Code Description
PT/OT	420	Physical Therapy
PT/OT	421	Physical Therapy: Visit Charge
PT/OT	422	Physical Therapy: Hourly Charge
PT/OT	423	Physical Therapy: Group Rate
PT/OT	424	Physical Therapy: Evaluation/Re-Evaluation
PT/OT	429	Physical Therapy: Other Physical Therapy
PT/OT	430	OT General
PT/OT	431	OT Visit Code
PT/OT	432	Occupational Therapy: Hourly Charge
PT/OT	433	Occupational Therapy: Group Rate
PT/OT	434	Occupational Therapy: Evaluation/Re-Evaluation
PT/OT	439	Occupational Therapy: Other Occupational Therapy
PT/OT	29126	Application of short arm splint (forearm to hand), dynamic
PT/OT	29130	Application of finger splint, static
PT/OT	29131	Application of finger splint, dynamic
PT/OT	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
PT/OT	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
PT/OT	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
PT/OT	97150	Therapeutic procedure(s), group (2 or more individuals)
PT/OT	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes



Category	CPT® Code	CPT® Code Description
PT/OT	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
PT/OT	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
PT/OT	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
PT/OT	97546	Work hardening /conditioning; each additional hour (list separately in addition to code for primary procedure)
PT/OT	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
PT/OT	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
PT/OT	97799	Unlisted physical medicine/rehabilitation service or procedure
PT/OT	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
PT/OT	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.
PT/OT	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
PT/OT/Speech	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
PT/OT; Acupuncture	97139	Unlisted therapeutic procedure (specify)
PT/OT; Acupuncture, Chiro	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
PT/OT; Acupuncture, Chiro, Massage Therapy	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
PT/OT; Chiro	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
PT/OT; Chiro	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
PT/OT; Chiro	97010	Application of a modality to 1 or more areas; hot or cold packs
PT/OT; Chiro	97012	Application of a modality to 1 or more areas; traction, mechanical
PT/OT; Chiro	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
PT/OT; Chiro	97016	Application of a modality to 1 or more areas; vasopneumatic devices
PT/OT; Chiro	97018	Application of a modality to 1 or more areas; paraffin bath

Category	CPT® Code	CPT® Code Description
PT/OT; Chiro	97022	Application of a modality to 1 or more areas; whirlpool
PT/OT; Chiro	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
PT/OT; Chiro	97028	Application of a modality to 1 or more areas; ultraviolet
PT/OT; Chiro	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
PT/OT; Chiro	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
PT/OT; Chiro	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
PT/OT; Chiro	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
PT/OT; Chiro	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
PT/OT; Chiro	97039	Unlisted modality (specify type and time if constant attendance)
PT/OT; Chiro	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
PT/OT; Chiro	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
PT/OT; Chiro	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
PT/OT; Chiro	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
PT/OT; Chiro	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
PT/OT; Chiro	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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## Health Alliance Medical Plan Speech Therapy Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple

Category	CPT® Code	CPT® Code Description
Speech Therapy; PT/OT	440	Speech-Language Pathology
Speech Therapy; PT/OT	441	Speech-Language Pathology: Visit Charge
Speech Therapy; PT/OT	442	Speech-Language Pathology: Hourly Charge
Speech Therapy; PT/OT	443	Speech-Language Pathology: Group Rate
Speech Therapy; PT/OT	444	Speech-Language Pathology: Evaluation/ Re-Evaluation
Speech Therapy; PT/OT	31575	Laryngoscopy, flexible fiberoptic; diagnostic
Speech Therapy; PT/OT	31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
Speech Therapy; PT/OT	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Speech Therapy; PT/OT	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Speech Therapy; PT/OT	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
Speech Therapy; PT/OT	92521	Evaluation of speech fluency (eg, stuttering, cluttering)
Speech Therapy; PT/OT	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
Speech Therapy; PT/OT	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
Speech Therapy; PT/OT	92524	Behavioral and qualitative analysis of voice and resonance

Category	CPT® Code	CPT® Code Description
Speech Therapy; PT/OT	92526	Treatment of swallowing dysfunction and/or oral function for feeding
Speech Therapy; PT/OT	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
Speech Therapy; PT/OT	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Speech Therapy; PT/OT	92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
Speech Therapy; PT/OT	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Speech Therapy; PT/OT	92608	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)
Speech Therapy; PT/OT	92609	Therapeutic services for the use of speech-generating device, including programming and modification
Speech Therapy; PT/OT	92610	Evaluation of oral and pharyngeal swallowing function
Speech Therapy; PT/OT	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
Speech Therapy; PT/OT	92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
Speech Therapy; PT/OT	92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
Speech Therapy; PT/OT	92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
Speech Therapy; PT/OT	92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
Speech Therapy; PT/OT	92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
Speech Therapy; PT/OT	92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only

Category	CPT® Code	CPT® Code Description
Speech Therapy; PT/OT	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)
Speech Therapy; PT/OT	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
Speech Therapy; PT/OT	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
Speech Therapy; PT/OT	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
Speech Therapy; PT/OT	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)
Speech Therapy; PT/OT	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
Speech Therapy	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

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## Health Alliance Medical Plan Spine Services Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
Spine	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)
Spine	20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)
Spine	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)
Spine	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)
Spine	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)
Spine	20974	Electrical stimulation to aid bone healing; non invasive (nonoperative)
Spine	20975	Electrical stimulation to aid bone healing; invasive (operative)
Spine	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Spine	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Spine	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)
Spine	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
Spine	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
Spine	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)
Spine	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
Spine	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)

Category	CPT® Code	CPT® Code Description
Spine	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2
Spine	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)
Spine	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2
Spine	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
Spine	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)
Spine	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Spine	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
Spine	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
Spine	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)
Spine	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
Spine	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)
Spine	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
Spine	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 and segment; each additional interspace (List separately in addition to code for primary procedure)
Spine	22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)
Spine	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)
Spine	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)
Spine	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)
Spine	22845	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)
Spine	22846	Anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure)
Spine	22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)
Spine	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)

Category	CPT® Code	CPT® Code Description
Spine	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)
Spine	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)
Spine	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
Spine	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar
Spine	22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophylectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure)
Spine	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 defect (list separately in addition to code for primary procedure)
Spine	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)
Spine	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Spine	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Spine	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Spine	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)
Spine	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Spine	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)
Spine	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
Spine	27279	Arthrodesis, sacroiliac joint
Spine	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed
Spine	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
Spine	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
Spine	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
Spine	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)



Category	CPT® Code	CPT® Code Description
Spine	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
Spine	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
Spine	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Spine	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Spine	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)
Spine	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
Spine	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
Spine	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)
Spine	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)
Spine	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis], single vertebral segment; cervical
Spine	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
Spine	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)
Spine	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
Spine	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)
Spine	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)
Spine	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)
Spine	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)
Spine	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)
Spine	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

Category	CPT® Code	CPT® Code Description
Spine	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)
Spine	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
Spine	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)
Spine	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)
Spine	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)
Spine	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)
Spine	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)
Spine	0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCOPY, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC.
Spine	0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCOPY, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR
Spine	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
Spine	E0748	Osteogenesis stimulator; electrical, noninvasive, spinal applications
Spine	E0749	Osteogenesis stimulator; electrical, surgically implanted

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## Health Alliance Medical Plan Radiation Oncology Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.  
\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

CPT® Code	CPT® Code Description
<b>Brachytherapy</b>	
0394T	HDR electronic brachytherapy, skin surface application, per fraction
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
77789	Surface application of low dose rate radionuclide source
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate
<b>Cardiac Focal Ablation</b>	
0745T	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
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan

CPT® Code	CPT® Code Description
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
<b>Stereotactic Radiation Therapy</b>	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment
<b>Intensity Modulated Radiation Therapy (IMRT)</b>	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
<b>Neutron Beam Radiation Therapy</b>	
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
<b>Intraoperative Radiation Therapy (IORT)</b>	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
<b>Proton Beam Radiation Therapy</b>	
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
<b>Hyperthermia Treatment</b>	
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)

CPT® Code	CPT® Code Description
<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
<b>Image-Guided Radiation (IGRT)</b>	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
77014	Computed tomography guidance for placement of radiation therapy fields
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy

CPT® Code	CPT® Code Description
<b>Therapeutic Radiopharmaceuticals</b>	
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)
A9590	Iodine i-131, iobenguane, 1 millicurie
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
C2616	Brachytherapy source, nonstranded, yttrium-90, per source
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

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## Health Alliance Medical Plan Sleep Management Code List

Prior Authorization Procedure List: Cardiology & Radiology, MSK (Join, Spine, Pain, Massage, Speech), Oncology\*, Radiation Therapy, and Sleep.

\*The Oncology CPT® Code list for any individual client is highly dependent on the exact program structure selected and can be impacted by multiple factors. Additionally, new drugs are added frequently and codes change quarterly. For assistance with this clients managed list, please contact David Spangler, Maggie Rausa, or Beth McWilliams.

Category	CPT® Code	CPT® Code Description
SLEEP	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST
SLEEP	95783	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
SLEEP	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
SLEEP	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
SLEEP	95805	Multiple Sleep Latency Test or Maintenance of Wakefulness Test
SLEEP	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g. Thoracoabdominal movement)
SLEEP	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
SLEEP	95808	Polysomnography, Sleep staging with 1-3 Additional Parameters of Sleep, Attended by a Technologist
SLEEP	95810	Polysomnography, Sleep staging with 4 or more Additional Parameters of Sleep, Attended by a Technologist
SLEEP	95811	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
SLEEP/DME	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH
SLEEP/DME	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH
SLEEP/DME	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR
SLEEP/DME	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH
SLEEP/DME	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH
SLEEP/DME	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH
SLEEP/DME	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR

Category	CPT® Code	CPT® Code Description
SLEEP/DME	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE
SLEEP/DME	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH
SLEEP/DME	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE
SLEEP/DME	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,
SLEEP	A9270	Non-covered item or service (Used for oral appliances that do not incorporate all of the criteria as set forth in the Policy Article; tongue-retaining or tongue-positioning devices; and devices that are used only to treat snoring without a diagnosis of obstructive sleep apnea)
SLEEP/DME	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE
SLEEP/DME	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE
SLEEP	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
SLEEP	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
SLEEP/DME	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
SLEEP/DME	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE
SLEEP	G0398	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
SLEEP	G0399	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
SLEEP	G0400	HOME SLEEP STUDY TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS
SLEEP	K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment

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## Health Alliance Medical Plan Vascular Intervention Code List

Platform: ImageOne

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Aorta	33875	Descending thoracic aorta graft, with or without bypass
Cardiology	Aorta	33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
Cardiology	Aorta	33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
Cardiology	Aorta	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
Cardiology	Aorta	33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
Cardiology	Aorta	33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
Cardiology	Aorta	33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
Cardiology	Aorta	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Aorta	34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
Cardiology	Aorta	34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
Cardiology	Aorta	34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
Cardiology	Aorta	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
Cardiology	Aorta	34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Aorta	34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
Cardiology	Aorta	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)
Cardiology	Aorta	34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)
Cardiology	Aorta	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral
Cardiology	Aorta	34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
Cardiology	Aorta	34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Aorta	34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Cardiology	Aorta	34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Cardiology	Aorta	34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
Cardiology	Aorta	34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Cardiology	Aorta	34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Cardiology	Aorta	34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Cardiology	Carotid	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
Cardiology	Carotid	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately to code for primary procedure)

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Carotid	36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological S&I, includes arch, when performed
Cardiology	Carotid	36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological S&I, includes arch
Cardiology	Carotid	36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological S&I, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
Cardiology	Carotid	36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation, includes angiography of the extracranial carotid and cervicocerebral arch
Cardiology	Carotid	36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the arch, when
Cardiology	Carotid	36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the arch, when performed
Cardiology	Carotid	36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and radiological S&I
Cardiology	Venous	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Cardiology	Venous	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Cardiology	Venous	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Cardiology	Venous	36470	Injection(s) of sclerosant; single incompetent vein (other than telangiectasia)
Cardiology	Venous	36471	Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Cardiology	Venous	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Cardiology	Venous	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Cardiology	Venous	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

Product	Category	CPT® Code	CPT® Code Description
Cardiology	Venous	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Cardiology	Venous	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
Cardiology	Venous	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Cardiology	Venous	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Cardiology	Venous	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Cardiology	Carotid	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
Cardiology	Carotid	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
Cardiology	Carotid	37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation
Cardiology	Carotid	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
Cardiology	LE	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
Cardiology	LE	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
Cardiology	LE	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
Cardiology	LE	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

Product	Category	CPT® Code	CPT® Code Description
Cardiology	LE	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
Cardiology	LE	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
Cardiology	LE	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
Cardiology	LE	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
Cardiology	LE	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
Cardiology	LE	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
Cardiology	LE	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
Cardiology	LE	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
Cardiology	LE	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
Cardiology	LE	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
Cardiology	LE	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
Cardiology	LE	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
Cardiology	LE	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery



Product	Category	CPT® Code	CPT® Code Description
Cardiology	LE	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
Cardiology	LE	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
Cardiology	LE	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)
Cardiology	Upper	37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
Cardiology	Upper	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
Cardiology	Arterial	37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
Cardiology	Arterial	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
Cardiology	Venous	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
Cardiology	Venous	37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions
Cardiology	Venous	37718	Ligation, division, and stripping, short saphenous vein
Cardiology	Venous	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
Cardiology	Venous	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia
Cardiology	Venous	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
Cardiology	Venous	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
Cardiology	Venous	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions



Product	Category	CPT® Code	CPT® Code Description
Cardiology	Venous	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
Cardiology	Venous	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
Cardiology	Venous	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
Cardiology	Carotid	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
Cardiology	Carotid	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
Cardiology	Visceral	0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
Cardiology	Visceral	0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel
Cardiology	LE	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
Cardiology	Upper	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
Cardiology	LE	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
Cardiology	LE	0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion

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