

**HealthFirst**  
**Prior Authorization Procedure List: Radiology Imaging Services**

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
MRI	70336	MRI TMJ	Yes	Yes
CT	70450	CT Head Without Contrast	Yes	Yes
CT	70460	CT Head With Contrast	Yes	Yes
CT	70470	CT Head Without & With Contrast	Yes	Yes
CT	70480	CT Orbit Without Contrast	Yes	Yes
CT	70481	CT Orbit With Contrast	Yes	Yes
CT	70482	CT Orbit Without & With Contrast	Yes	Yes
CT	70486	CT Maxillofacial Without Contrast	Yes	Yes
CT	70487	CT Maxillofacial With Contrast	Yes	Yes
CT	70488	CT Maxillofacial Without & With Contrast	Yes	Yes
CT	70490	CT Soft Tissue Neck Without Contrast	Yes	Yes
CT	70491	CT Soft Tissue Neck With Contrast	Yes	Yes
CT	70492	CT Soft Tissue Neck Without & With Contrast	Yes	Yes
CT	70496	CT Angiography Head	Yes	Yes
CT	70498	CT Angiography Neck	Yes	Yes
MRI	70540	MRI Orbit, Face, Neck and/or Without Contrast	Yes	Yes
MRI	70542	MRI Face, Orbit, Neck With Contrast	Yes	Yes
MRI	70543	MRI Face, Orbit, Neck With & Without Contrast	Yes	Yes
MRA	70544	MRA Head Without Contrast	Yes	Yes
MRA	70545	MRA Head With Contrast	Yes	Yes
MRA	70546	MRA Head With & Without Contrast	Yes	Yes
MRA	70547	MRA Neck Without Contrast	Yes	Yes
MRA	70548	MRA Neck With Contrast	Yes	Yes
MRA	70549	MRA Neck With & Without Contrast	Yes	Yes
MRI	70551	MRI Head Without Contrast	Yes	Yes
MRI	70552	MRI Head With Contrast	Yes	Yes
MRI	70553	MRI Head With & Without Contrast	Yes	Yes
MRI	70554	MRI Brain, functional MRI	Yes	Yes
MRI	70555	MRI Brain, functional MRI, requiring physician	Yes	Yes
CT	71250	CT Thorax, Diagnostic; Without Contrast Material	Yes	Yes
CT	71260	CT Thorax, Diagnostic; With Contrast Material(s)	Yes	Yes
CT	71270	CT Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	Yes	Yes
CT	71275	CT Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Post processing	Yes	Yes
MRI	71550	MRI Chest Without Contrast	Yes	Yes

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MRI	71551	MRI Chest With Contrast	Yes	Yes
MRI	71552	MRI Chest With & Without Contrast	Yes	Yes
MRA	71555	MRA Chest (Excluding Myocardium) With Or Without Contrast	Yes	Yes
CT	72125	CT Cervical Spine Without Contrast	Yes	Yes
CT	72126	CT Cervical Spine With Contrast	Yes	Yes
CT	72127	CT Cervical Spine Without & With Contrast	Yes	Yes
CT	72128	CT Thoracic Spine Without Contrast	Yes	Yes
CT	72129	CT Thoracic Spine With Contrast	Yes	Yes
CT	72130	CT Thoracic Spine Without & With Contrast	Yes	Yes
CT	72131	CT Lumbar Spine Without Contrast	Yes	Yes
CT	72132	CT Lumbar Spine With Contrast	Yes	Yes
CT	72133	CT Lumbar Spine Without & With Contrast	Yes	Yes
MRI	72141	MRI Cervical Spine Without Contrast	Yes	Yes
MRI	72142	MRI Cervical Spine With Contrast	Yes	Yes
MRI	72146	MRI Thoracic Spine Without Contrast	Yes	Yes
MRI	72147	MRI Thoracic Spine With Contrast	Yes	Yes
MRI	72148	MRI Lumbar Spine Without Contrast	Yes	Yes
MRI	72149	MRI Lumbar Spine With Contrast	Yes	Yes
MRI	72156	MRI Cervical Spine With & Without Contrast	Yes	Yes
MRI	72157	MRI Thoracic Spine With & Without Contrast	Yes	Yes
MRI	72158	MRI Lumbar Spine With & Without Contrast	Yes	Yes
MRA	72159	MRA Spinal Canal With Or Without Contrast	Yes	Yes
CT	72191	CT Angiography Pelvis	Yes	Yes
CT	72192	CT Pelvis Without Contrast	Yes	Yes
CT	72193	CT Pelvis With Contrast	Yes	Yes
CT	72194	CT Pelvis Without & With Contrast	Yes	Yes
MRI	72195	MRI Pelvis Without Contrast	Yes	Yes
MRI	72196	MRI Pelvis With Contrast	Yes	Yes
MRI	72197	MRI Pelvis With & Without Contrast	Yes	Yes
MRA	72198	MRA Pelvis With Or Without Contrast	Yes	Yes
CT	73200	CT Upper Extremity Without Contrast	Yes	Yes
CT	73201	CT Upper Extremity With Contrast	Yes	Yes
CT	73202	CT Upper Extremity Without & With Contrast	Yes	Yes
CT	73206	CT Angiography Upper Extremity	Yes	Yes
MRI	73218	MRI Upper Extremity Without Contrast	Yes	Yes
MRI	73219	MRI Upper Extremity With Contrast	Yes	Yes
MRI	73220	MRI Upper Extremity With & Without Contrast	Yes	Yes
MRI	73221	MRI Upper Extremity Joint Without Contrast	Yes	Yes
MRI	73222	MRI Upper Extremity Joint With Contrast	Yes	Yes
MRI	73223	MRI Upper Extremity Joint With & Without Contrast	Yes	Yes
MRA	73225	MRA Upper Extremity With Or Without Contrast	Yes	Yes
CT	73700	CT Lower Extremity Without Contrast	Yes	Yes
CT	73701	CT Lower Extremity With Contrast	Yes	Yes
CT	73702	CT Lower Extremity Without & With Contrast	Yes	Yes
CT	73706	CT Angiography Lower Extremity	Yes	Yes
MRI	73718	MRI Lower Extremity Without Contrast	Yes	Yes

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MRI	73719	MRI Lower Extremity With Contrast	Yes	Yes
MRI	73720	MRI Lower Extremity With & Without Contrast	Yes	Yes
MRI	73721	MRI Lower Extremity Joint Without Contrast	Yes	Yes
MRI	73722	MRI Lower Extremity Joint With Contrast	Yes	Yes
MRI	73723	MRI Lower Extremity Joint With & Without Contrast	Yes	Yes
MRA	73725	MRA Lower Extremity With Or Without Contrast	Yes	Yes
CT	74150	CT Abdomen Without Contrast	Yes	Yes
CT	74160	CT Abdomen With Contrast	Yes	Yes
CT	74170	CT Abdomen Without & With Contrast	Yes	Yes
CT	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	Yes	Yes
CT	74175	CT Angiography Abdomen	Yes	Yes
CT	74176	CT Abdomen And Pelvis Without Contrast	Yes	Yes
CT	74177	CT Abdomen And Pelvis With Contrast	Yes	Yes
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	Yes	Yes
MRI	74181	MRI Abdomen Without Contrast	Yes	Yes
MRI	74182	MRI Abdomen With Contrast	Yes	Yes

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MRI	<b>74183</b>	MRI Abdomen With & Without Contrast	Yes	Yes
MRA	<b>74185</b>	MRA Abdomen With Or Without Contrast	Yes	Yes
CT	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	Yes	Yes
CT	<b>74262</b>	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed	Yes	Yes
CT	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image post processing	Yes	Yes
MRI	<b>74712</b>	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes
MRI	<b>74713</b>	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes
CMRI	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material	Yes	Yes
CMRI	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes
CMRI	<b>75561</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes
CMRI	<b>75563</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes	Yes
CCTA	<b>75572</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes
CCTA	<b>75573</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
CCTA	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)	Yes	Yes
CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Yes	Yes
CT	75635	C T Angiography Abdominal Aorta	Yes	Yes
3DI	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation	Yes	Yes
3DI	76377	3D Rendering W Postprocessing	Yes	Yes
CT	76380	CT Limited Or Localized Follow-Up Study	Yes	Yes
MRI	76390	MRI Spectroscopy	Yes	Yes
MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes	Yes
CT	76497	Unlisted computed tomography procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	76498	Unlisted MRI Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	76499	Unlisted Radiology Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	77011	CT For Stereotactic Localization	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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CT	<b>77013</b>	CT Guidance For Procedures For Ablation	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>77021</b>	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Yes	Yes
MRI	<b>77022</b>	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
BMRI	<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes
BMRI	<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes
BMRI	<b>77048</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Yes
BMRI	<b>77049</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Yes
CT	<b>77078</b>	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Yes	Yes
MRI	<b>77084</b>	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	Yes	Yes
NUC MED	<b>78007</b>	Thyroid imaging, multiple determinations	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78010</b>	Thyroid imaging; only	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78011</b>	Thyroid imaging; with vascular flow	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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NUC MED	<b>78099</b>	Unlisted endocrine procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78135</b>	Red Cell Survival Differential	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78191</b>	Platelet Survival Study Only	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78199</b>	Unlisted Hematopoietic Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78270</b>	B-12 Absorption With Out Intrinsic Factor	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78271</b>	B-12 Absorption With Intrinsic Factor	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78414</b>	Non-Imaging Heart Function	Yes	Yes
NUC MED	<b>78428</b>	Cardiac Shunt Imaging	Yes	Yes
CPET	<b>78429</b>	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	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
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	Yes	Yes
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	Yes	Yes
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);	Yes	Yes
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	Yes	Yes
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)	Yes	Yes
NUC CARD	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)	Yes	Yes
NUC CARD	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	Yes	Yes
CPET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes	Yes
NUC MED	78466	Myocardial Infarction Scan	Yes	Yes
NUC MED	78468	Heart Infarct Image Ejection Fraction	Yes	Yes
NUC MED	78469	Heart Infarct Image 3D SPECT	Yes	Yes
NUC MED	78472	Cardiac Blood pool Img, Single	Yes	Yes



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NUC MED	78473	Cardiac Bloodpool Img, Multi	Yes	Yes
NUC MED	78481	Heart First Pass Single	Yes	Yes
NUC MED	78483	Cardiac Blood Pool Imaging -- Multiple	Yes	Yes
CPET	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)	Yes	Yes
CPET	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)	Yes	Yes
NUC MED	78494	Cardiac Blood Pool Imaging , SPECT	Yes	Yes
NUC MED	78496	Cardiac Blood Pool Imaging - Single Study @ Rest	Yes	Yes
NUC MED	78499	Unlisted Cardiovascular Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78599	Unlisted Respiratory Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
PET	78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation	Yes	Yes
NUC MED	78704	Kidney Imaging With Function Study (Imaging Renogram)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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NUC MED	<b>78799</b>	Unlisted Genitourinary Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	<b>78803</b>	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	Yes	Yes
PET	<b>78811</b>	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (E.g., Chest, Head/Neck)	Yes	Yes
PET	<b>78812</b>	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh	Yes	Yes
PET	<b>78813</b>	Positron Emission Tomography (Pet); Whole Body	Yes	Yes
PETCT	<b>78814</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Limited Area (e.g. Chest, Head/Neck)	Yes	Yes
PETCT	<b>78815</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Skull Base To Mid-Thigh	Yes	Yes
PETCT	<b>78816</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Whole Body	Yes	Yes
Nuclear Medicine	<b>78830</b>	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	Yes	Yes
XSE	<b>93350</b>	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	Yes	Yes
XSE	<b>93351</b>	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	Yes	Yes

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DGUS	<b>93893</b>	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	<b>0042T</b>	CT Perfusion Brain	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC CARD	<b>0332T</b>	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Yes	Yes
MR	<b>0609T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Yes	Yes
MR	<b>0610T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes	Yes
MR	<b>0611T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes	Yes
MR	<b>0612T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes	Yes
CCTA	<b>0623T</b>	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report. Effective 9/1/2021 AMA Additions	Yes	Yes

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CCTA	<b>0624T</b>	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. Effective 9/1/2021 AMA Additions	Yes	Yes
CCTA	<b>0625T</b>	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. Effective 9/1/2021 AMA Additions	Yes	Yes
CCTA	<b>0626T</b>	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report. Effective 9/1/2021 AMA Additions	Yes	Yes
CT	<b>0633T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes	Yes
CT	<b>0634T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes	Yes
CT	<b>0635T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Yes	Yes
CT	<b>0636T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Yes	Yes
CT	<b>0637T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Yes	Yes
CT	<b>0638T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
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>	Yes	Yes
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>	Yes	Yes
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	Yes	Yes
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)	Yes	Yes
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	Yes	Yes
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Yes	Yes
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	Yes	Yes
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Yes	Yes
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Yes	Yes

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MRI	<b>0866T</b>	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)	Yes	Yes
MRA	<b>C8900</b>	MRA Abdomen with contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8901</b>	MRA Abdomen without contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8902</b>	MRA Abdomen with and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C8903</b>	MRI Breast w/ contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C8904</b>	MRI Breast w/o contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C8905</b>	MRI Breast w. and w/o contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C8906</b>	MRI Breast Bilateral W/ Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C8907</b>	MRI Breast Bilateral W/O Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
MRI	<b>C8908</b>	MRI Breast Bilateral W/ And W/O Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8909</b>	MRA chest w/contrast (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8910</b>	MRA chest w/o contrast (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8911</b>	MRA chest (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8912</b>	MRA lower extremity w/ contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8913</b>	MRA lower extremity w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8914</b>	MRA lower extremity w/ and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8918</b>	MRA pelvis w/ contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8919</b>	MRA pelvis w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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MRA	<b>C8920</b>	MRA pelvis w/ and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8931</b>	MRA, W/Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8932</b>	MRA, W/O Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8933</b>	MRA, W/O & W/Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8934</b>	MRA, W/Dye, Upper Extremity	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8935</b>	MRA, W/O Dye, Upper Extr	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	<b>C8936</b>	MRA, W/O & W/Dye, Upper Extr	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	<b>C9791</b>	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes
PET	<b>G0219</b>	Pet Imaging Whole Body; Melanoma For Non-Covered Indications	Yes	Yes



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DGUS	<b>G0389</b>	Ultrasound B-Scan And/Or Real Time With Image Documentation; For Abdominal Aortic Aneurysm (Aaa) Screening	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	<b>S8080</b>	Scintimammography (Radioimmunoscinigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
PET	<b>S8085</b>	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated Pet Scan)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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