

Rocky Mountain Health Plans: Radiology CPT Code List

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Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
MRI	70336	MRI TEMPOROMANDIBULAR JOINT	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70450	CT OF THE HEAD OR BRAIN W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70460	CT OF THE HEAD OR BRAIN W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70470	CT OF THE HEAD OR BRAIN W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70480	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70481	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70482	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/ AND W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70486	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70487	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70488	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O AND W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70490	CT SOFT TISSUE NECK W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70491	CT SOFT TISSUE NECK W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CT SCANS	70496	CTA OF THE HEAD	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70498	CTA OF THE CAROTID AND VERTEBRAL ARTERIES	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70540	MRI ORBIT, FACE, NECK W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70542	MRI ORBIT, FACE, NECK W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70543	MRI ORBIT, FACE, NECK W & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70544	MRA OR MRV OF THE BRAIN W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70545	MRA OR MRV OF THE BRAIN W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70546	MRA OR MRV OF THE BRAIN W/O AND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70547	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70548	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70549	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O AND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70551	MRI OF THE BRAIN W/OUT GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70552	MRI HEAD W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70553	MRI HEAD W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70554	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70555	FUNCTIONAL MRI OF THE BRAIN W/ PHYSICAN OR PSYCHOLOGIST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71250	Computed tomography, thorax, diagnostic; without contrast material	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CT	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71275	CTA CHEST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71550	MRI OF THE CHEST W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71551	MRI OF THE CHEST W GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	71552	MRI OF THE CHEST W & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	71555	MRA OR MRV CHEST W/O OR W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72125	CT CERVICAL SPINE W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72126	CT CERVICAL SPINE W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72127	CT CERVICAL SPINE W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72128	CT OF THE THORACIC SPINE W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72129	CT OF THE THORACIC SPINE W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72130	CT OF THE THORACIC SPINE W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72131	CT OF THE LUMBAR SPINE W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72132	CT OF THE LUMBAR SPINE W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72133	CT OF THE LUMBAR SPINE W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72141	MRI CERVICAL SPINE W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72142	MRI OF THE CERVICAL SPINE W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72146	MRI THORACIC SPINE W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72147	MRI THORACIC SPINE W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72148	MRI LUMBAR SPINE W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

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MRI	72149	MRI LUMBAR SPINE W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72156	MRI OF THE CERVICAL SPINE W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72157	MRI THORACIC SPINE W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72158	MRI LUMBAR SPINE W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72159	MRA OF THE SPINAL CANAL	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72191	CTA OF THE PELVIS	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72192	CT OF THE PELVIS W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72193	CT OF THE PELVIS W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72194	CT OF THE PELVIS W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72195	MRI OF THE PELVIS W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72196	MRI OF THE PELVIS W GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72197	MRI OF THE PELVIS W & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72198	MRA OR MRV OF THE PELVIS W/O OR W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73200	CT OF THE UPPER EXTREMITY W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73201	CT OF THE UPPER EXTREMITY W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73202	CT OF THE UPPER EXTREMITY W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73206	CTA OF THE UPPER EXTREMITY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73218	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73219	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73220	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O AND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

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MRI	73221	MRI UPPER EXTREMITY JOINT W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73222	MRI UPPER EXTREMITY JOINT W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73223	MRI UPPER EXTREMITY JOINT W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73225	MRA OF THE UPPER EXTREMITY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73700	CT LOWER EXTREMITY W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73701	CT LOWER EXTREMITY W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73702	CT LOWER EXTREMITY W/O & W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73706	CTA OF THE LOWER EXTREMITY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73718	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73719	MRI LOWER EXTREMITY OTHER THAN JOINTS W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73720	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O AND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73721	MRI LOWER EXTREMITY JOINT W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73722	MRI LOWER EXTREMITY JOINT W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73723	MRI LOWER EXTREMITY JOINT W/ & W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73725	MRA OF THE LOWER EXTREMITY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74150	CT ABDOMEN W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74160	CT ABDOMEN W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74170	CT ABDOMEN W/ & W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74174	CTA OF THE ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CT SCANS	74175	CTA OF THE ABDOMEN	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74176	CT ABDOMEN AND PELVIS W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74177	CT ABDOMEN AND PELVIS W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74178	CT ABDOMEN ONE OR BOTH BODY REGIONS W/O AND W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74181	MRI OF THE ABDOMEN W/O GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74182	MRI OF THE ABDOMEN W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74183	MRI OF THE ABDOMEN W/O AND W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRA	74185	MRA OF THE ABDOMEN W/O OR W/ GADOLINIUM	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74261	VIRTUAL COLONOSCOPY DIAGNOSTIC W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74262	VIRTUAL COLONOSCOPY DIAGNOSTIC W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74263	VIRTUAL COLONOSCOPY DIAGNOSTIC SCREENING INCLUDING IMAGE POSTPROCESSING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST; W/ STRESS IMAGING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES; W/ STRESS IMAGING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75571	CORONARY ARTERY CALCIUM SCORING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CT SCANS	75572	CT HEART STRUCTURE AND MORPHOLOGY WITH CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75574	CTA CORONARY ARTERIES AND STRUCTURE AND MORPHOLOGY W/FUNCTION AND W/ CONTRAST	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CCTA	75580	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)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75635	CTA OF THE ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER EXTREMITY RUNOFF	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
3D Imaging	76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
3D Imaging	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76390	MR SPECTROSCOPY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	76497	Unlisted computed tomography procedure	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76498	Unlisted MRI Procedure	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
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	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
MRI	77084	MRI, BONE MARROW BLOOD SUPPLY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78015	THYROID CARCINOMA METASTASES IMAGING LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78016	THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78018	THYROID CARCINOMA METASTASES IMAGING WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)	Excluded from Program	Excluded from Program	PA Medical Necessity Review
NUCLEAR MED	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
NUCLEAR MED	78075	ADRENAL NUCLEAR IMAGING CORTEX AND/OR MEDULLA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78099	Unlisted Endocrine Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78199	Unlisted Hematopoietic Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78264	GASTRIC EMPTYING STUDY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78265	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78266	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT, MULTIPLE DAYS	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78299	Unlisted Gastrointestinal Proc;Diagnostic Nuc Med	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78300	NUCLEAR BONE SCAN LIMITED	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78305	NUCLEAR BONE SCAN MULTIPLE AREAS	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78306	NUCLEAR BONE SCAN WHOLE BODY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78315	BONE SCAN THREE PHASE	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78399	Unlisted Musculoskeletal Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78451	MYOCARDIAL PERFUSION IMAGING WITH SPECT-SINGLE STUDY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78452	MYOCARDIAL PERFUSION IMAGING WITH SPECT-MULTIPLE STUDIES	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR REST OR STRESS	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR REST AND/OR STRESS	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
NUCLEAR MED	78466	INFARCT AVID MYOCARDIAL IMAGING	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78468	INFARCT AVID MYOCARDIAL IMAGING WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78469	INFARCT AVID MYOCARDIAL IMAGING TOMOGRAPHIC SPECT	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78472	GATED CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78473	GATED MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78481	PLANAR FIRST PASS CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78483	PLANAR FIRST PASS MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78494	SPECT EQUILIBRIUM CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78496	SPECT EQUILIBRIUM MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUC CARD	78499	Unlisted Cardiovascular Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
NUCLEAR MED	78579	PULMONARY VENTILATION (EG, AEROSOL OR GAS) IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78580	PULMONARY PERFUSION IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78599	Unlisted Respiratory Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78608	BRAIN PET METABOLIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78609	BRAIN PET PERFUSION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Unlisted	78699	Unlisted Nuclear Medicine Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78707	KIDNEY FLOW AND FUNCTION, SINGLE STUDY W/O PHARMACOLOGIC INTERVENTION	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78708	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ PHARMACOLOGICAL INTERVENTION, SINGLE	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78709	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ AND W/O PHARMACOLOGICAL INTERVENTION, MULTIPLE	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78799	Unlisted Genitourinary Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
NUCLEAR MED	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78811	PET LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78812	PET SKULL BASE TO MID-THIGH	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
NUCLEAR MED	78813	PET WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78814	PET/CT LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78815	PET/CT SKULL BASE TO MID THIGH	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78816	PET/CT WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
NUC MED	78999	Unlisted Miscellaneous Procedure	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
MR	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Excluded from Program	Excluded from Program	Investigational
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Excluded from Program	Excluded from Program	Investigational
MR	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Excluded from Program	Excluded from Program	Investigational
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Excluded from Program	Excluded from Program	Investigational

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
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	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
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)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Medicare	Medicaid	Commercial
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	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
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	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
PET	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
G-CODES	G0252	PET IMAGING FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER (EG, INITIAL STAGING OF AXILLARY LYMPH NODES)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
S-CODES	S8037	MRCP	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review
S-CODES	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFast CT, CINET)	Excluded from Program	PA Medical Necessity Review	PA Medical Necessity Review

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