

Excellus
Cardiology and Radiology Code List

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------------------|-----------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| CARDIAC IMPLANTABLES | 33206 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33207 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33208 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33212 | Insertion or replacement of permanent pacemaker pulse generator only: single chamber, atrial or ventricular | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33213 | Insertion or replacement of permanent pacemaker pulse generator only: dual chamber | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33221 | Insertion of pacemaker pulse generator only; with existing multiple leads | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (i.e., for upgrade to dual chamber system) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33230 | Insertion of implantable defibrillator pulse generator only; with existing dual leads | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33240 | Insertion of implantable defibrillator pulse generator only; with existing single lead | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33249 | Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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|----------------------|-----------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| CARDIAC IMPLANTABLES | 33262 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33263 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33264 | Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | Investigational | Investigational | Investigational | |
| MRI | 70336 | MRI temporomandibular joint | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCANS | 70450 | CT of the head or brain w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70460 | CT of the head or brain w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70470 | CT of the head or brain w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70480 | CT orbit , sella, posterior fossa outer, middle or inner ear w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70481 | CT orbit , sella, posterior fossa outer, middle or inner ear w/contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70482 | CT orbit , sella, posterior fossa outer, middle or inner ear w/ and w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70486 | CT maxillofacial area including paranasal sinuses w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70487 | CT maxillofacial area including paranasal sinuses w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70488 | CT maxillofacial area including paranasal sinuses w/o and w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70490 | CT soft tissue neck w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70491 | CT soft tissue neck w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70492 | CT soft tissue neck w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 70496 | CTA of the head | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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|----------|-----------|--|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| CT SCAN | 70498 | CTA of the carotid and vertebral arteries | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70540 | MRI orbit, face, neck w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70542 | MRI orbit, face, neck w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70543 | MRI orbit, face, neck w & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70544 | MRA or mrv of the brain w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70545 | MRA or mrv of the brain w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70546 | MRA or mrv of the brain w/o and w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70547 | MRA or mrv carotid and vertebral arteries w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70548 | MRA or mrv carotid and vertebral arteries w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 70549 | MRA or mrv carotid and vertebral arteries w/o and w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70551 | MRI of the brain w/out gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70552 | MRI head w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70553 | MRI head w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70554 | Functional MRI of the brain w/o physican or psychologist | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 70555 | Functional MRI of the brain w/o physican or psychologist | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 71250 | C T Thorax, Diagnostic; Without Contrast Material | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 71260 | C T Thorax, Diagnostic; With Contrast Material(s) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 71270 | C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 71275 | CTA chest | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 71550 | MRI of the chest w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 71551 | MRI of the chest w gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 71552 | MRI of the chest w & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 71555 | MRA or mrv chest w/o or w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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|----------|-----------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| CT SCAN | 72125 | CT cervical spine w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72126 | CT cervical spine w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72127 | CT cervical spine w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72128 | CT cervical spine w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72129 | CT of the thoracic spine w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72130 | CT of the thoracic spine w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72131 | CT of the lumbar spine w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72132 | CT of the lumbar spine w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72133 | CT of the lumbar spine w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72141 | MRI cervical spine w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72142 | MRI of the cervical spine w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72146 | MRI thoracic spine w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72147 | MRI thoracic spine w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72148 | MRI lumbar spine w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72149 | MRI lumbar spine w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72156 | MRI of the cervical spine w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72157 | MRI thoracic spine w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72158 | MRI lumbar spine w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 72159 | MRA of the spinal canal | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72192 | CT of the pelvis w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72193 | CT of the pelvis w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 72194 | CT of the pelvis w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72195 | MRI of the pelvis w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 72196 | MRI of the pelvis w gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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|----------|-----------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| MRI | 72197 | MRI of the pelvis w & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 72198 | MRA, Pelvis, W/Wo Contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73200 | CT of the upper extremity w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73201 | CT of the upper extremity w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73202 | CT of the upper extremity w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73206 | CT Angiography, UpprExtrem, W/O Contrast Matl(S), Followed By Contrast Matl(S), W/Image Post-Proc | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73218 | MRI upper extremity other than joint including hand w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73219 | MRI upper extremity other than joint including hand w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73220 | MRI upper extremity other than joint including hand w/o and w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73221 | MRI upper extremity joint w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73222 | MRI upper extremity joint w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73223 | MRI upper extremity joint w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 73225 | MRA of the upper extremity | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73700 | CT lower extremity w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73701 | CT lower extremity w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73702 | CT lower extremity w/o & w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 73706 | CT Angiography, Lower Extremity, W/O Contrast Matl(S), Followed ContrstMatl(S), W/Imag Post-Proc | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73718 | MRI lower extremity other than joints w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73719 | MRI lower extremity other than joints w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73720 | MRI lower extremity other than joints w/o and w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73721 | MRI lower extremity joint w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73722 | MRI lower extremity joint w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 73723 | MRI lower extremity joint w/ & w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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| MRA | 73725 | MRA, Lower Extremity, W/Wo Contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74150 | CT abdomen w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74160 | CT abdomen w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74170 | CT abdomen w/ & w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74176 | CT abdomen and pelvis w/o contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74177 | CT abdomen and pelvis w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74178 | CT abdomen one or both body regions w/o and w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 74181 | MRI of the abdomen w/o gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 74182 | MRI of the abdomen w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 74183 | MRI of the abdomen w/o and w/ gadolinium | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRA | 74185 | MRA, Abdomen, W/Wo Contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 74712 | Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 74713 | Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 75557 | Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CMRI | 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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| MR | 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MR | 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MR | 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CCTA | 75571 | Coronary artery calcium scoring | PA Medical Necessity Review | PA Medical Necessity Review | Not Covered | |
| CCTA | 75572 | CT heart structure and morphology with contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CCTA | 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CCTA | 75574 | CTA coronary arteries and structure and morphology w/function and w/ contrast | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CCTA | 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| 3DI | 76376 | 3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation | Excluded from program | Excluded from program | Excluded from program | |
| 3DI | 76377 | 3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation | Excluded from program | Excluded from program | Excluded from program | |
| CT SCAN | 76380 | CT Scan, Limited/Localized Follow-Up Study | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MR | 76390 | MR Spectroscopy | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 76391 | Magnetic resonance (eg, vibration) elastography | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |

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|------------|-----------|--|------------------------|------------------------|------------------------|----------------------------|
| CT SCAN | 76497 | Unlisted computed tomography procedure | Redirect to valid code | Redirect to valid code | Redirect to valid code | |
| MRI | 76498 | Unlisted MRI procedure | Redirect to valid code | Redirect to valid code | Redirect to valid code | |
| ULTRASOUND | 76801 | Ultrasound first trimester (up to 14 weeks) | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76802 | Ultrasound first trimester, each additional gestation (up to 14 weeks) | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76805 | Ultrasound after first trimester | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76810 | Ultrasound after first trimester, each additional gestation | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76811 | High risk fetal anatomy ultrasound single gestation | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76812 | Ultrasound detailed fetal, each additional gestation | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76813 | Ultrasound, pregnant uterus, real time with image documentation single or first gestation, nuchal translucency measurement | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76814 | Ultrasound, pregnant uterus, real time with image documentation, nuchal translucency measurement each additional gestation | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76815 | Follow-up OB ultrasound (one or more gestations) after 14 weeks | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76816 | Follow up OB ultrasound (one for each gestation) | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76817 | Ob ultrasound transvaginal | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76818 | Biophysical profile w/ non-stress testing | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76819 | Biophysical profile w/o non-stress testing | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76820 | Doppler velocimetry umbilical arteries | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76821 | Doppler velocimetry middle cerebral arteries | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76825 | Fetal echocardiography | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76826 | Fetal echocardiography follow-up or repeat | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76827 | Fetal doppler echocardiography | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76828 | Fetal doppler echocardiography follow-up or repeat | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76975 | Gastrointestinal endoscopic ultrasound | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion | Excluded from program | Excluded from program | Excluded from program | |
| ULTRASOUND | 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) | Excluded from program | Excluded from program | Excluded from program | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------|-----------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| CT SCAN | 77011 | CT for stereotactic localization | Excluded from program | Excluded from program | Excluded from program | |
| CT SCAN | 77012 | CT guidance for needle placement | Excluded from program | Excluded from program | Excluded from program | |
| CT SCAN | 77013 | CT guidance for procedures for ablation | Excluded from program | Excluded from program | Excluded from program | |
| MR | 77021 | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MR | 77022 | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CT SCAN | 77078 | Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton | Excluded from program | Excluded from program | Excluded from program | |
| DRAD | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78135 | Red cell survival differential | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78191 | Platelet survival study only | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78270 | Schilling test | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78271 | B-12 absorption with intrinsic factor | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78414 | Central c-v hemodynamics (non-imaging) single or multiple | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78428 | Cardiac shunt detection | Excluded from program | Excluded from program | Excluded from program | |
| CPET | 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CPET | 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| 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 | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|-----------|-----------|--|--|--|--|--|
| CPET | 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CPET | 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Redirect to CPT codes 78491, 78492, 78431, 78432 | Redirect to CPT codes 78491, 78492, 78431, 78432 | Redirect to CPT codes 78491, 78492, 78431, 78432 | |
| NUC MED | 78451 | Myocardial perfusion imaging with spect-single study | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78452 | Myocardial perfusion imaging with spect-multiple studies | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78453 | Myocardial perfusion imaging, planar rest or stress | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78454 | Myocardial perfusion imaging, planar rest and/or stress | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| PET SCANS | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC CARD | 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| NUC MED | 78481 | Planar first pass cardiac radionuclide angiography | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |
| NUC MED | 78483 | Planar first pass multiple cardiac radionuclide angiography | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |
| PET SCANS | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |
| PET SCANS | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|-----------|-----------|---|-----------------------------|-----------------------------|-----------------------------|--|
| NUC MED | 78494 | Spect equilibrium cardiac radionuclide angiography | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |
| NUC MED | 78496 | Spect equilibrium multiple cardiac radionuclide angiography | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare state specific criteria per LCD: [NY] |
| PET SCANS | 78608 | Brain PET metabolic | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78609 | Brain PET perfusion | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| NUC MED | 78647 | Csf flow spect | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78704 | Kidney imaging with function study (imaging renogram) | Excluded from program | Excluded from program | Excluded from program | |
| NUC MED | 78803 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| PET SCANS | 78811 | PET limited area | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78812 | PET skull base to mid-thigh | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78813 | PET whole body | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78814 | PET/ CT limited area | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78815 | PET/ CT skull base to mid thigh | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| PET SCANS | 78816 | PET/ CT whole body | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | Medicare criteria per NCD |
| NUC MED | 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 | |
| ECHO | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93306 | Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93307 | Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93308 | Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93312 | TEE 2D;Incl Probe Placement, Imaging/Interp/Report | Out of Scope | Out of Scope | Out of Scope | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|--------------|-----------|--|-----------------------|-----------------------|-----------------------|----------------------------|
| ECHO | 93313 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93314 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93316 | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93317 | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | 93325 | Doppler echocardiography color flow velocity mapping | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | 93350 | Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), With Or Without M-Mode Recording, During Rest And Cardiovascular Stress Test, With Interpretation And Report | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | 93351 | Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report; Including Performance Of Continuous Electrocardiographic Monitoring, With Supervision By A Physician Or Other Qualified Health Care Professional. | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | 93352 | Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure) | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | Excluded from program | Excluded from program | Excluded from program | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|--------------|-----------|---|-----------------------|-----------------------|-----------------------|----------------------------|
| CARDIAC CATH | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC CATH | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Excluded from program | Excluded from program | Excluded from program | |
| T-CODES | 0042T | CT perfusion brain | Excluded from program | Excluded from program | Excluded from program | |
| NUC CARD | 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; | Investigational | Investigational | Investigational | |
| NUC CARD | 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | Investigational | Investigational | Investigational | |
| CCTA | 0501T | Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report | Excluded from program | Excluded from program | Excluded from program | |
| CCTA | 0502T | Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission | Excluded from program | Excluded from program | Excluded from program | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------------------|-----------|---|-----------------------|-----------------------|-----------------------|----------------------------|
| CCTA | 0503T | Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model | Excluded from program | Excluded from program | Excluded from program | |
| CCTA | 0504T | Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report | Excluded from program | Excluded from program | Excluded from program | |
| CARDIAC IMPLANTABLES | 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed | Investigational | Investigational | Investigational | |
| MR | 0609T | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs | Investigational | Investigational | Investigational | |
| MR | 0610T | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis | Investigational | Investigational | Investigational | |
| MR | 0611T | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For gorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs | Investigational | Investigational | Investigational | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------|-----------|--|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| MR | 0612T | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report | Investigational | Investigational | Investigational | |
| CRID | 0614T | Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CCTA | 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report. Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |
| CCTA | 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |
| CCTA | 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |
| CCTA | 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report. Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |
| CT SCAN | 0633T | C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast Material | Investigational | Investigational | Investigational | |
| CT SCAN | 0634T | C T Breast, Including 3d Rendering, When Performed, Unilateral; With Contrast Material(s) | Investigational | Investigational | Investigational | |
| CT SCAN | 0635T | C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(s) | Investigational | Investigational | Investigational | |
| CT SCAN | 0636T | C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s) | Investigational | Investigational | Investigational | |
| CT SCAN | 0637T | C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s) | Investigational | Investigational | Investigational | |
| CT SCAN | 0638T | C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(s) | Investigational | Investigational | Investigational | |
| MRI | 0648T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |
| MRI | 0649T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). Effective 11/1/2021 AMA Additions | Investigational | Investigational | Investigational | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------------------|-----------|--|----------------------|-----------------|-----------------|----------------------------|
| MRI | 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs | Investigational | Investigational | Investigational | |
| MRI | 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) | Investigational | Investigational | Investigational | |
| CT (CTA) | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report. EFFECTIVE 05/01/22 | Investigational | Investigational | Investigational | |
| CT (CTA) | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission. EFFECTIVE 05/01/22 | Investigational | Investigational | Investigational | |
| CT (CTA) | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability. EFFECTIVE 05/01/22 | Investigational | Investigational | Investigational | |
| CT (CTA) | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report. EFFECTIVE 05/01/22 | Investigational | Investigational | Investigational | |
| NUC CARD | 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0795T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0796T | Transcatheter insertion of right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0797T | Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0801T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0802T | Transcatheter removal and replacement of right atrial pacemaker component | Investigational | Investigational | Investigational | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------------------|-----------|---|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| CARDIAC IMPLANTABLES | 0803T | Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | Investigational | Investigational | Investigational | |
| CARDIAC IMPLANTABLES | 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| CARDIAC IMPLANTABLES | 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review | |
| MRI | 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | Investigational | Investigational | Investigational | |
| MRI | 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | Redirects to CPT Codes 70551-70553 | Redirects to CPT Codes 70551-70553 | Redirects to CPT Codes 70551-70553 | |
| CARDIAC IMPLANTABLES | 0915T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation) | IUE | IUE | IUE | |
| CARDIAC IMPLANTABLES | 0916T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only | IUE | IUE | IUE | |
| CARDIAC IMPLANTABLES | 0923T | Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only | IUE | IUE | IUE | |
| CARDIAC IMPLANTABLES | 0933T | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation | IUE | IUE | IUE | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------|-----------|---|------------------------------|------------------------------|------------------------------|----------------------------|
| CRID | C7537 | Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | Redirect to CPT 33206, 33225 | Redirect to CPT 33206, 33225 | Redirect to CPT 33206, 33225 | |
| CRID | C7538 | Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | |
| CRID | C7539 | Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | |
| CRID | C7540 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | Redirect to CPT 33207, 33225 | |
| MRA | C8900 | Magnetic resonance angiography with contrast, abdomen | Redirect to CPT 74185 | Redirect to CPT 74185 | Redirect to CPT 74185 | |
| MRA | C8901 | Magnetic resonance angiography without contrast, abdomen | Redirect to CPT 74185 | Redirect to CPT 74185 | Redirect to CPT 74185 | |
| MRA | C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | Redirect to CPT 74185 | Redirect to CPT 74185 | Redirect to CPT 74185 | |
| MRI | C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | Redirect to CPT 71555 | Redirect to CPT 71555 | Redirect to CPT 71555 | |
| MRI | C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | Redirect to CPT 71555 | Redirect to CPT 71555 | Redirect to CPT 71555 | |
| MRI | C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | Redirect to CPT 71555 | Redirect to CPT 71555 | Redirect to CPT 71555 | |
| MRI | C8912 | Magnetic resonance angiography with contrast, lower extremity | Redirect to CPT 73725 | Redirect to CPT 73725 | Redirect to CPT 73725 | |
| MRA | C8913 | Magnetic resonance angiography without contrast, lower extremity | Redirect to CPT 73725 | Redirect to CPT 73725 | Redirect to CPT 73725 | |
| MRA | C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | Redirect to CPT 73725 | Redirect to CPT 73725 | Redirect to CPT 73725 | |
| MRA | C8918 | Magnetic resonance angiography with contrast, pelvis | Redirect to CPT 72198 | Redirect to CPT 72198 | Redirect to CPT 72198 | |
| MRA | C8919 | Magnetic resonance angiography without contrast, pelvis | Redirect to CPT 72198 | Redirect to CPT 72198 | Redirect to CPT 72198 | |
| MRA | C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis | Redirect to CPT 72198 | Redirect to CPT 72198 | Redirect to CPT 72198 | |
| ECHO | C8921 | Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | C8922 | Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | C8923 | Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete | Out of Scope | Out of Scope | Out of Scope | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|-----------|-----------|--|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| ECHO | C8924 | Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | C8925 | Transesophageal Echo (TEE) | Out of Scope | Out of Scope | Out of Scope | |
| ECHO | C8926 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | Out of Scope | Out of Scope | Out of Scope | |
| C-CODES | C8928 | Transthoracic Echocardiography W/Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/Interpretation And Report | Excluded from program | Excluded from program | Excluded from program | |
| ECHO | C8929 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography | Out of Scope | Out of Scope | Out of Scope | |
| C-CODES | C8930 | Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/ Interpretation And Report Including Performance Of Continuous Electrocardiographic Monitoring, With Interpretation. | Excluded from program | Excluded from program | Excluded from program | |
| C-CODES | C8931 | Magnetic resonance angiography with contrast, spinal canal and contents | Redirects to 72159 | Redirects to 72159 | Redirects to 72159 | |
| C-CODES | C8932 | Magnetic resonance angiography without contrast, spinal canal and contents | Redirects to 72159 | Redirects to 72159 | Redirects to 72159 | |
| C-CODES | C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents | Redirects to 72159 | Redirects to 72159 | Redirects to 72159 | |
| C-CODES | C8934 | Magnetic resonance angiography with contrast, upper extremity | Redirects to 73225 | Redirects to 73225 | Redirects to 73225 | |
| C-CODES | C8935 | Magnetic resonance angiography without contrast, upper extremity | Redirects to 73225 | Redirects to 73225 | Redirects to 73225 | |
| C-CODES | C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity | Redirects to 73225 | Redirects to 73225 | Redirects to 73225 | |
| RADIOLOGY | C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | Investigational | Investigational | Investigational | |
| G-CODES | G0219 | PET imaging whole body; melanoma for non-covered indications | Investigational | Investigational | Not covered | |
| G-CODES | G0235 | Pet imaging any site not otherwise specified | Redirect to valid code | Redirect to valid code | Redirect to valid code | |
| G-CODES | G0252 | Pet imaging full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes) | Redirect to CPT codes 78811-78816 | Redirect to CPT codes 78811-78816 | Redirect to CPT codes 78811-78816 | |
| S-CODES | S8037 | MRCP | Redirect to 74183 | Redirect to 74183 | Redirect to 74183 | |
| S-CODES | S8042 | MRI low field | Redirect to 72195, 72196, or 72197 | Redirect to 72195, 72196, or 72197 | Redirect to 72195, 72196, or 72197 | |
| S-CODES | S8080 | Scintimammography | Excluded from program | Excluded from program | Excluded from program | |

| Category | CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare | Medicare specific criteria |
|----------|-----------|--|----------------------|-----------------|-----------------|----------------------------|
| S-CODES | S8085 | Fdg (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan) | Investigational | Investigational | Not covered | |
| S-CODES | S8092 | Electron beam computed tomography (also known as ultrafast ct, cinet) | Investigational | Investigational | Investigational | |

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