

**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 |                            |

| Category | CPT® Code | CPT® Code Description                                                                                    | Commercial, CHP, FHP        | Medicaid                    | Medicare                    | Medicare specific criteria |
|----------|-----------|----------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 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 |                            |

| Category | CPT® Code | CPT® Code Description                                                                                                                     | Commercial, CHP, FHP        | Medicaid                    | Medicare                    | Medicare specific criteria |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 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 |                            |

| Category   | CPT® Code | CPT® Code Description                                                                                                                                                                                    | Commercial, CHP, FHP   | Medicaid               | Medicare               | Medicare specific criteria |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|----------------------------|
| 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 |                            |
| CARDIAC IMPLANTABLES | 0266T     | Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)                                                                                                                                                                                   | Investigational       | Investigational       | Investigational       |                            |
| 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       |                            |
| CARDIAC IMPLANTABLES | 0408T     | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes                                                                                                                                                                                            | Investigational       | Investigational       | Investigational       |                            |
| CARDIAC IMPLANTABLES | 0409T     | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only                                                                                                                                                                                                                   | Investigational       | Investigational       | Investigational       |                            |

| Category             | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Commercial, CHP, FHP  | Medicaid              | Medicare              | Medicare specific criteria |
|----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 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 |                            |
| 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       |                            |

| Category             | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                               | Commercial, CHP, FHP        | Medicaid                    | Medicare                    | Medicare specific criteria |
|----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 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                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| MR                   | 0610T     | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| MR                   | 0611T     | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For orithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| MR                   | 0612T     | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report                                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| 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. <b>Effective 11/1/2021 AMA Additions</b> | 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. <b>Effective 11/1/2021 AMA Additions</b>                                                                                                                                     | 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. <b>Effective 11/1/2021 AMA Additions</b>                                                                                          | 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. <b>Effective 11/1/2021 AMA Additions</b>                                                                        | 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             |                            |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                      | Commercial, CHP, FHP        | Medicaid                    | Medicare                    | Medicare specific criteria |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 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. <b>Effective 11/1/2021 AMA Additions</b>                                  | 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). <b>Effective 11/1/2021 AMA Additions</b> | Investigational             | Investigational             | Investigational             |                            |
| 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. <b>EFFECTIVE 05/01/22</b>                             | 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. <b>EFFECTIVE 05/01/22</b>                                                                                                                                                                                                                                                 | 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. <b>EFFECTIVE 05/01/22</b>                                                                                                                  | 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. <b>EFFECTIVE 05/01/22</b>                                                                                                                                                                                                                                            | 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)                                                                                                                                                                                                 | 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 |
|----------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 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)                                                             | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| 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)                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| CARDIAC IMPLANTABLES | 0797T     | Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)                                                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| 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)                                           | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| CARDIAC IMPLANTABLES | 0802T     | Transcatheter removal and replacement of right atrial pacemaker component                                                                                                                                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| CARDIAC IMPLANTABLES | 0803T     | Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)                                                                                                                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |                            |
| 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 |                            |
| 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 | 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 |
|----------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| 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                                |                            |
| 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              |                            |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                        | Commercial, CHP, FHP  | Medicaid              | Medicare              | Medicare specific criteria |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 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          |                            |
| 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    |                            |

| Category  | CPT® Code | CPT® Code Description                                                                                                                                                                | Commercial, CHP, FHP               | Medicaid                           | Medicare                           | Medicare specific criteria |
|-----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| 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                                                                                                                         | PA Medical Necessity Review        | PA Medical Necessity Review        | PA Medical Necessity Review        |                            |
| 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              |                            |
| S-CODES   | S8085     | Fdg (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)                                                                                         | PA Medical Necessity Review        | PA Medical Necessity Review        | PA Medical Necessity Review        |                            |
| S-CODES   | S8092     | Electron beam computed tomography (also known as ultrafast ct, cinet)                                                                                                                | Investigational                    | Investigational                    | Investigational                    |                            |

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## Excellus Interventional Pain Management Code List

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                  | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 27096     | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62263     | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days                                                           | Investigational             | Out of Scope | Investigational             |
| 62264     | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day                                                                    | Investigational             | Out of Scope | Investigational             |
| 62280     | Injection/infusion neurolytic substance, w/wo therapeutic substance; subarachnoid                                                                                                                                                                                                                                      | Investigational             | Out of Scope | Investigational             |
| 62281     | Injection/infusion neurolytic substance, w/wo therapeutic substance; epidural cervical/thoracic                                                                                                                                                                                                                        | Investigational             | Out of Scope | Investigational             |
| 62282     | Injection/infusion neurolytic substance; epidural, lumbar/caudal                                                                                                                                                                                                                                                       | Investigational             | Out of Scope | Investigational             |
| 62292     | Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar                                                                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62320     | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62321     | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62322     | Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62323     | Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                              | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 62324     | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62325     | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62326     | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62327     | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62350     | implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62351     | implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62355     | Removal of previously implanted intrathecal or epidural catheter                                                                                                                                                                                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62360     | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir                                                                                                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62361     | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump                                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62362     | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING                                                                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62365     | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion                                                                                                                                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62367     | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill                                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62368     | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63650     | Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural                                                                                                                                                                                                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                    | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 63655     | Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural                                                                                                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63663     | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed                                                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63664     | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63685     | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64451     | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64479     | Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level                                                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64480     | Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)                                                            | Redirects to 64479          | Out of Scope | Redirects to 64479          |
| 64483     | Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64484     | Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)                                                                | Redirects to 64483          | Out of Scope | Redirects to 64483          |
| 64490     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64491     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)                      | Redirects to 64490          | Out of Scope | Redirects to 64490          |
| 64492     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure) | Redirects to 64490          | Out of Scope | Redirects to 64490          |
| 64493     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64494     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)                          | Redirects to 64493          | Out of Scope | Redirects to 64493          |
| 64495     | Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(s) (List Separately In Addition To Code For Primary Procedure)     | Redirects to 64493          | Out of Scope | Redirects to 64493          |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                     | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 64510     | Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)                                                                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64520     | Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)                                                                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64624     | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64625     | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64628     | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral                                                                                                                                       | Investigational             | Out of Scope | Investigational             |
| 64629     | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)                                                                     | Investigational             | Out of Scope | Investigational             |
| 64632     | Destruction by neurolytic agent; plantar common digital nerve                                                                                                                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64633     | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64634     | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)                                             | Redirects to 64633          | Out of Scope | Redirects to 64633          |
| 64635     | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64636     | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)                                                  | Redirects to 64635          | Out of Scope | Redirects to 64635          |
| 95990     | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 95991     | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0213T     | Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic;single                                                                                                                                                  | Investigational             | Out of Scope | Investigational             |
| 0214T     | Injection(s), diag or therapeutic agent, paravertebral facet jointwith ultrasound guidance, cervical or thoracic; second                                                                                                                                                  | Investigational             | Out of Scope | Investigational             |
| 0215T     | Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; 3+                                                                                                                                                     | Investigational             | Out of Scope | Investigational             |
| 0216T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level - <b>Effective 8/21/2021</b>                                                         | Investigational             | Out of Scope | Investigational             |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                     | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 0217T     | Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 2nd Level                                                                                                                                  | Investigational             | Out of Scope | Investigational             |
| 0218T     | Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 3rd Level                                                                                                                                  | Investigational             | Out of Scope | Investigational             |
| 0627T     | Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0628T     | Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Redirects to 0627T          | Out of Scope | Redirects to 0627T          |
| 0629T     | Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; First Level                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0630T     | Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)           | Redirects to 0629T          | Out of Scope | Redirects to 0629T          |
| 0784T     | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0785T     | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| G0260     | Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| M0076     | Prolotherapy                                                                                                                                                                                                                                              | Investigational             | Out of Scope | Investigational             |

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## Excellus Joint Services Code List

| CPT® Code | CPT® Code Description                                                                         | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 23000     | Removal of subdeltoid calcareous deposits, open                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23020     | Capsular contracture release (eg, sever type procedure)                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23120     | Claviculectomy; partial                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23130     | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23410     | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23412     | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23415     | Coracoacromial ligament release, with or without acromioplasty                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23420     | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23430     | Tenodesis of long tendon of biceps                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23440     | Resection or transplantation of long tendon of biceps                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23450     | Capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23455     | Capsulorrhaphy, anterior; with labral repair (eg, bankart procedure)                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                 | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 23460     | Capsulorrhaphy, anterior, any type; with bone block                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23462     | Capsulorrhaphy, anterior, any type; with coracoid process transfer                                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23465     | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23466     | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23470     | Arthroplasty, glenohumeral joint; hemiarthroplasty                                                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23472     | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23473     | Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23474     | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 23700     | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27125     | Hemiarthroplasty, hip, partial (e.g. femoral stem prosthesis, bipolar arthroplasty)                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27130     | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27132     | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27134     | Revision of total hip arthroplasty; both components, with or without autograft or allograft                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27137     | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27138     | Revision of total hip arthroplasty; femoral component only, with or without allograft                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27332     | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                          | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 27333     | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial and lateral                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27334     | Arthrotomy, with synovectomy, knee; anterior or posterior                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27335     | Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27403     | Arthrotomy with meniscus repair, knee                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27405     | Repair, primary, torn ligament and/or capsule, knee; collateral                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27412     | Autologous chondrocyte implantation, knee                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27415     | Osteochondral allograft, knee, open                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27416     | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27418     | Anterior tibial tubercleplasty (eg, maquet type procedure)                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27420     | Reconstruction of dislocating patella; (eg, hauser type procedure)                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27422     | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, campbell, goldwaite type procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27424     | Reconstruction of dislocating patella; with patellectomy                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27425     | Lateral retinacular release, open                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27427     | Ligamentous reconstruction (augmentation), knee; extra-articular                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27428     | Ligamentous reconstruction (augmentation), knee; intra-articular (open)                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27429     | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                  | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 27430     | Quadricepsplasty (eg, bennett or thompson type)                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27438     | Arthroplasty, patella; with prosthesis                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27440     | Arthroplasty, knee, tibial plateau                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27441     | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27442     | Arthroplasty, femoral condyles or tibial plateau(s), knee;                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27443     | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27446     | Arthroplasty, knee, condyle and plateau; medial or lateral compartment                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27447     | Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27486     | Revision of total knee arthroplasty, with or without allograft; 1 component                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27487     | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27570     | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29805     | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29806     | Arthroscopy, shoulder, surgical; capsulorrhaphy                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29807     | Arthroscopy, shoulder, surgical; repair of slap lesion                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29819     | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29820     | Arthroscopy, shoulder, surgical; synovectomy, partial                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                         | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 29821     | Arthroscopy, shoulder, surgical; synovectomy, complete                                                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29822     | Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29823     | Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies]) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29824     | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)                                                                                                                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29825     | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation                                                                                                                                                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29826     | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29827     | Arthroscopy, shoulder, surgical; with rotator cuff repair                                                                                                                                                                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29828     | Arthroscopy, shoulder, surgical; biceps tenodesis                                                                                                                                                                                                                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29860     | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)                                                                                                                                                                                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29861     | Arthroscopy, hip, surgical; with removal of loose body or foreign body                                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29862     | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum                                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29863     | Arthroscopy, hip, surgical; with synovectomy                                                                                                                                                                                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29866     | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])                                                                                                                                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29867     | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)                                                                                                                                                                                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29868     | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral                                                                                                                                                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                     | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 29870     | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)                                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29871     | Arthroscopy, knee, surgical; for infection, lavage and drainage                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29873     | Arthroscopy, knee, surgical; with lateral release                                                                                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29874     | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29875     | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29876     | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29877     | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29879     | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29880     | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29881     | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29882     | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29883     | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)                                                                                                                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29884     | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29885     | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29886     | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion                                                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 29887     | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                    | Commercial,<br>CHP, FHP           | Medicaid     | Medicare                       |
|-----------|------------------------------------------------------------------------------------------|-----------------------------------|--------------|--------------------------------|
| 29888     | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction  | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |
| 29889     | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |
| 29914     | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)              | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |
| 29915     | Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)        | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |
| 29916     | Arthroscopy, hip, surgical; with labral repair                                           | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |
| S2118     | Metal-on-metal total hip resurfacing, including acetabular and femoral components        | PA Medical<br>Necessity<br>Review | Out of Scope | PA Medical Necessity<br>Review |

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## Excellus Spine Services Code List

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 20930     | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 20931     | Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 20936     | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (list separately in addition to code for primary procedure)                                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 20937     | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (list separately in addition to code for primary procedure)                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 20938     | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (list separately in addition to code for primary procedure)                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22207     | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22208     | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22210     | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22214     | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22216     | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22220     | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical                                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22224     | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar                                                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22226     | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22510     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22511     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22512     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                          | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 22513     | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22514     | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22515     | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22526     | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level                                                                                                                                                                                                                                                    | Investigational             | Out of Scope | Investigational             |
| 22527     | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)                                                                                                                                                                         | Investigational             | Out of Scope | Investigational             |
| 22533     | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar                                                                                                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22534     | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)                                                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22551     | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2                                                                                                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22552     | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)                                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22554     | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2                                                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22558     | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar                                                                                                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22585     | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22586     | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar                                                                                                                                                                                                                                                                             | Investigational             | Out of Scope | Investigational             |
| 22595     | Arthrodesis, posterior technique, atlas-axis (C1-C2)                                                                                                                                                                                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22600     | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment                                                                                                                                                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22612     | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22614     | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)                                                                                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22630     | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar                                                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22632     | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)discect, prep interspace, snl intrspc; add'l interspc                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22633     | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 22634     | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22841     | Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22842     | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22843     | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22844     | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22845     | Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22846     | Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22847     | Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22848     | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22853     | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22854     | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22856     | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes                                                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22857     | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar                                                                                                                                                                                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22858     | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22859     | Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary Procedure)                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22860     | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)                                                                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22861     | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical                                                                                                                                                                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22862     | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar                                                                                                                                                                                                                                                                            | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                               | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 22867     | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22868     | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 22869     | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level                                                                | Investigational             | Out of Scope | Investigational             |
| 22870     | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)    | Investigational             | Out of Scope | Investigational             |
| 22899     | Unlisted procedure, spine                                                                                                                                                                                                                           | Out of Scope                | Out of Scope | Out of Scope                |
| 27278     | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27279     | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 27280     | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed                                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62287     | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging                                                                   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62380     | Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar - <b>Effective 8/21/2021</b>                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63001     | Laminectomy, w/o facetectomy/foraminotomy/discectomy, 1/2 segments; cervical                                                                                                                                                                        | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63005     | Laminectomy w/o facetectomy/foraminotomy/discectomy, 1/2 segments; lumbar                                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63012     | Laminectomy w/removal, abnormal facets, lumbar                                                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63015     | Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; cervical                                                                                                                                                                         | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63017     | Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; lumbar                                                                                                                                                                           | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63020     | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 interspace,                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63030     | 1 interspace, lumbar                                                                                                                                                                                                                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63035     | Each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)                                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63040     | Laminotomy w/partl facetectmy/foramnotmy/herniated discect, re-exploratn, snlge interspc; cervical                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63042     | Laminotomy w/partl facetectomy/foraminotomy/herniated discect, re-explor, snlge interspc; lumbar                                                                                                                                                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63043     | Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, snlge intrspc; each add'l cerv intrspc                                                                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63044     | Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, snlge intrspc; each add'l lumbar intrspc                                                                                                                                               | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                     | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| 63045     | Laminectomy, facetectomy & foraminotomy, 1 segment; cervical                                                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63047     | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar                                                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63048     | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63050     | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63051     | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;                                                                                                                                                                                                                                              | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63052     | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)                    | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63053     | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63056     | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63057     | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)                                                                                       | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63075     | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace                                                                                                                                                                                                      | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63076     | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)                                                                                                                                 | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63081     | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment                                                                                                                                                                  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63082     | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (list separately in addition to code for primary procedure)                                                                                             | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63087     | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment                                                                                                                          | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63088     | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63090     | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63091     | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)                                | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                              | Commercial, CHP, FHP              | Medicaid     | Medicare                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|-----------------------------------|
| 63102     | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment                                                                                                  | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 63103     | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)                 | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0095T     | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)                                                                                                                                                          | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0098T     | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)                                                                                                                                   | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0164T     | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)                                                                                                                                                           | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0165T     | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)                                                                                                                                     | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0195T     | Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep                                                                                                                                                                                                           | Out of Scope                      | Out of Scope | Out of Scope                      |
| 0196T     | Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep                                                                                                                                                                                                           | Out of Scope                      | Out of Scope | Out of Scope                      |
| 0200T     | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed                                                                                                              | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0201T     | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed                                                                                                                 | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0219T     | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical                                                                                                                                                           | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| 0274T     | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), single or multiple levels, unilateral or bilateral; cervical or thoracic | Investigational                   | Out of Scope | Investigational                   |
| 0275T     | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), single or multiple levels, unilateral or bilateral; lumbar               | PA Medical Necessity Review       | Out of Scope | PA Medical Necessity Review       |
| C7504     | Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance                                                                                              | Redirects to CPT Code 22510-22512 | Out Of Scope | Redirects to CPT Code 22510-22512 |
| C7505     | Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance                                                                                                  | Redirects to CPT Code 22510-22512 | Out Of Scope | Redirects to CPT Code 22510-22512 |
| C7507     | Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance       | Redirects to CPT Code 22513-22515 | Out Of Scope | Redirects to CPT Code 22513-22515 |
| C7508     | Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance         | Redirects to CPT Code 22513-22515 | Out Of Scope | Redirects to CPT Code 22513-22515 |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                 | Commercial,<br>CHP, FHP     | Medicaid     | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-----------------------------|
| C9757     | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | Investigational             | Out of Scope | Investigational             |
| S2348     | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar                                                                                                                                                                                                                     | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

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**Excellus  
Radiation Oncology Code List**

| CPT® Code                     | CPT® Code Description                                                                                                          | Commercial,<br>CHP, FHP        | Medicaid                       | Medicare                    |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|-----------------------------|
| <b>Brachytherapy</b>          |                                                                                                                                |                                |                                |                             |
| 77761                         | Intracavitary radiation source application; simple                                                                             | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77762                         | Intracavitary radiation source application; intermediate                                                                       | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77763                         | Intracavitary radiation source application; complex                                                                            | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77767                         | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel                                         | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77768                         | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions           | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77770                         | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel                                                        | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77771                         | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels                                            | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77772                         | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels                                                 | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77778                         | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 77789                         | Surface application of low dose rate radionuclide source                                                                       | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 0394T                         | HDR electronic brachytherapy, skin surface application, per fraction                                                           | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| 0395T                         | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction                                            | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| G0458                         | Low dose rate (LDR) prostate brachytherapy services, composite rate                                                            | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |
| <b>Cardiac Focal Ablation</b> |                                                                                                                                |                                |                                |                             |
| 0747T                         | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia                   | PA Medical<br>Necessity Review | PA Medical<br>Necessity Review | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                           | Commercial, CHP, FHP        | Medicaid                    | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
|           | <b>Stereotactic Radiation Therapy</b>                                                                                                                                                                                                                           |                             |                             |                             |
| 77371     | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77372     | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77373     | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0339     | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0340     | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
|           | <b>Intensity Modulated Radiation Therapy (IMRT)</b>                                                                                                                                                                                                             |                             |                             |                             |
| 77385     | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple                                                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77386     | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6015     | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6016     | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
|           | <b>Neutron Beam Radiation Therapy</b>                                                                                                                                                                                                                           |                             |                             |                             |
| 77423     | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)                                                                                               | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
|           | <b>Intraoperative Radiation Therapy (IORT)</b>                                                                                                                                                                                                                  |                             |                             |                             |
| 77424     | Intraoperative radiation treatment delivery, x-ray, single treatment session                                                                                                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77425     | Intraoperative radiation treatment delivery, electrons, single treatment session                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
|           | <b>Proton Beam Radiation Therapy</b>                                                                                                                                                                                                                            |                             |                             |                             |
| 77520     | Proton treatment delivery; simple, without compensation                                                                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77522     | Proton treatment delivery; simple, with compensation                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77523     | Proton treatment delivery; intermediate                                                                                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77525     | Proton treatment delivery; complex                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                               | Commercial, CHP, FHP        | Medicaid                    | Medicare                    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
|           | <b>Radiation Treatment Delivery</b>                                                                                                                                                                                                                 |                             |                             |                             |
| 77401     | Radiation treatment delivery, superficial and/or ortho voltage, per day                                                                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77402     | Radiation treatment delivery, >1 MeV; simple                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77407     | Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; ≥1 MeV; intermediate                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77412     | Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; ≥1 MeV; complex | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77417     | Therapeutic radiology port images(s)                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9609     | Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0563     | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions      | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6003     | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6004     | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6005     | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev                                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6006     | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6007     | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6008     | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev                                                                                                               | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6009     | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6010     | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6011     | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev                                                                               | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6012     | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6013     | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6014     | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater                                                                         | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

| CPT® Code | CPT® Code Description                                                                                                                                                                           | Commercial, CHP, FHP        | Medicaid                    | Medicare                    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
|           | <b>Image-Guided Radiation (IGRT)</b>                                                                                                                                                            |                             |                             |                             |
| 77014     | Computed tomography guidance for placement of radiation therapy fields                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77387     | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed                                                                 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6001     | Ultrasonic guidance for placement of radiation therapy fields                                                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6002     | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6017     | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
|           | <b>Therapeutic Radiopharmaceuticals</b>                                                                                                                                                         |                             |                             |                             |
| 79005     | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment                                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77750     | Infusion or instillation of radioelement solution (includes 3-month follow-up care)                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 79101     | Radiopharmaceutical, therapy, by intravenous administration                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 79403     | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9513     | Lutetium Lu 177, dotatate, therapeutic, 1 mCi                                                                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9543     | Yttrium 90 Ibritumomab Tiuxetan (Zevalin)                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9590     | Iodine i-131, iobenguane, 1 millicurie                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9606     | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9607     | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9699     | Radiopharmaceutical, therapeutic, not otherwise classified                                                                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| C2616     | Brachytherapy source, nonstranded, yttrium-90, per source                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| S2095     | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres                                                                          | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

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