

Emblem Health (HIP)
Cardiology and Radiology Code List

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CARDIOLOGY	CARDIAC IMPLANTABLES	33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33212	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER PULSE GENERATOR ONLY: SINGLE CHAMBER, ATRIAL OR VENTRICULAR	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33213	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER PULSE GENERATOR ONLY: DUAL CHAMBER	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	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)	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	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)	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	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)	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33230	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33231	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33240	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CARDIOLOGY	CARDIAC IMPLANTABLES	33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	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	Excluded from Program	Excluded from Program	Excluded from Program
	CID	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
RADIOLOGY	MRI	70336	MRI TEMPOROMANDIBULAR JOINT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70450	CT OF THE HEAD OR BRAIN W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70460	CT OF THE HEAD OR BRAIN W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70470	CT OF THE HEAD OR BRAIN W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	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
RADIOLOGY	CT SCANS	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
RADIOLOGY	CT SCANS	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
RADIOLOGY	CT SCANS	70486	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70487	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70488	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O AND W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70490	CT SOFT TISSUE NECK W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70491	CT SOFT TISSUE NECK W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70496	CTA OF THE HEAD	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70498	CTA OF THE CAROTID AND VERTEBRAL ARTERIES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70540	MRI ORBIT, FACE, NECK W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRI	70542	MRI ORBIT, FACE, NECK W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70543	MRI ORBIT, FACE, NECK W & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70544	MRA OR MRV OF THE BRAIN W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70545	MRA OR MRV OF THE BRAIN W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	MRA	70547	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70548	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	MRI	70551	MRI OF THE BRAIN W/OUT GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70552	MRI HEAD W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70553	MRI HEAD W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70554	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70555	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71250	Computed Tomography, Thorax, Diagnostic; Without Contrast Material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71260	Computed Tomography, Thorax, Diagnostic; With Contrast Material(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71270	Computed Tomography, 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
RADIOLOGY	CT	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71275	CTA CHEST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	71550	MRI OF THE CHEST W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	71551	MRI OF THE CHEST W GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRI	71552	MRI OF THE CHEST W & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	71555	MRA OR MRV CHEST W/O OR W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72125	CT CERVICAL SPINE W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72126	CT CERVICAL SPINE W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72127	CT CERVICAL SPINE W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72128	CT CERVICAL SPINE W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72129	CT OF THE THORACIC SPINE W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72130	CT OF THE THORACIC SPINE W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72131	CT OF THE LUMBAR SPINE W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72132	CT OF THE LUMBAR SPINE W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72133	CT OF THE LUMBAR SPINE W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72141	MRI CERVICAL SPINE W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72142	MRI OF THE CERVICAL SPINE W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72146	MRI THORACIC SPINE W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72147	MRI THORACIC SPINE W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72148	MRI LUMBAR SPINE W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72149	MRI LUMBAR SPINE W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72156	MRI OF THE CERVICAL SPINE W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72157	MRI THORACIC SPINE W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72158	MRI LUMBAR SPINE W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRA	72159	MRA OF THE SPINAL CANAL	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72191	CTA OF THE PELVIS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72192	CT OF THE PELVIS W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72193	CT OF THE PELVIS W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72194	CT OF THE PELVIS W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72195	MRI OF THE PELVIS W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72196	MRI OF THE PELVIS W GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72197	MRI OF THE PELVIS W & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	72198	MRA OR MRV OF THE PELVIS W/O OR W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73200	CT OF THE UPPER EXTREMITY W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73201	CT OF THE UPPER EXTREMITY W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73202	CT OF THE UPPER EXTREMITY W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73206	CTA OF THE UPPER EXTREMITY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	MRI	73219	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	MRI	73221	MRI UPPER EXTREMITY JOINT W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73222	MRI UPPER EXTREMITY JOINT W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73223	MRI UPPER EXTREMITY JOINT W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRA	73225	MRA OF THE UPPER EXTREMITY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73700	CT LOWER EXTREMITY W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73701	CT LOWER EXTREMITY W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73702	CT LOWER EXTREMITY W/O & W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73706	CTA OF THE LOWER EXTREMITY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73718	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73719	MRI LOWER EXTREMITY OTHER THAN JOINTS W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	MRI	73721	MRI LOWER EXTREMITY JOINT W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73722	MRI LOWER EXTREMITY JOINT W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73723	MRI LOWER EXTREMITY JOINT W/ & W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	73725	MRA OF THE LOWER EXTREMITY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74150	CT ABDOMEN W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74160	CT ABDOMEN W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74170	CT ABDOMEN W/ & W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74174	CTA OF THE 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
RADIOLOGY	CT SCANS	74175	CTA OF THE ABDOMEN	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74176	CT ABDOMEN AND PELVIS W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	CT SCANS	74177	CT ABDOMEN AND PELVIS W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	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
RADIOLOGY	MRI	74181	MRI OF THE ABDOMEN W/O GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74182	MRI OF THE ABDOMEN W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74183	MRI OF THE ABDOMEN W/O AND W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	74185	MRA OF THE ABDOMEN W/O OR W/ GADOLINIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74261	VIRTUAL COLONOSCOPY DIAGNOSTIC W/O CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74262	VIRTUAL COLONOSCOPY DIAGNOSTIC W/ CONTRAST	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74263	VIRTUAL COLONOSCOPY DIAGNOSTIC SCREENING INCLUDING IMAGE POSTPROCESSING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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
RADIOLOGY	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
RADIOLOGY	MRI	75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	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
RADIOLOGY	MRI	75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST; W/ STRESS IMAGING	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	MRI	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
RADIOLOGY	MRI	75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	MRI	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

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRI	75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES; W/ STRESS IMAGING	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	MRI	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
CARDIOLOGY	MRI	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	CCTA	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75571	CORONARY ARTERY CALCIUM SCORING	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	CCTA	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75572	CT HEART STRUCTURE AND MORPHOLOGY WITH CONTRAST	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	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
RADIOLOGY	CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	CCTA	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75574	CTA CORONARY ARTERIES AND STRUCTURE AND MORPHOLOGY W/FUNCTION AND W/ CONTRAST	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	CCTA	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic 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
CARDIOLOGY	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
RADIOLOGY	CT SCANS	75635	CTA OF THE ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER EXTREMITY RUNOFF	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	3D Imaging	76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	3D Imaging	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	76390	MR SPECTROSCOPY	Investigational	Investigational	Investigational
	MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	76498	UNLISTED MRI PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	76499	UNLISTED RADIOLOGIC PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	Ultrasound	76801	ULTRASOUND FIRST TRIMESTER (UP TO 14 WEEKS)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76802	ULTRASOUND FIRST TRIMESTER, EACH ADDITIONAL GESTATION (UP TO 14 WEEKS)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76805	ULTRASOUND AFTER FIRST TRIMESTER	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	Ultrasound	76810	ULTRASOUND AFTER FIRST TRIMESTER, EACH ADDITIONAL GESTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76811	HIGH RISK FETAL ANATOMY ULTRASOUND SINGLE GESTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76812	ULTRASOUND DETAILED FETAL, EACH ADDITIONAL GESTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION SINGLE OR FIRST GESTATION, NUCHAL TRANSLUCENCY MEASUREMENT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, NUCHAL TRANSLUCENCY MEASUREMENT EACH ADDITIONAL GESTATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	Ultrasound	76815	FOLLOW-UP OB ULTRASOUND (ONE OR MORE GESTATIONS) AFTER 14 WEEKS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76816	FOLLOW UP OB ULTRASOUND (ONE FOR EACH GESTATION)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76817	OB ULTRASOUND TRANSVAGINAL	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76818	BIOPHYSICAL PROFILE W/ NON-STRESS TESTING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76819	BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76820	DOPPLER VELOCIMETRY UMBILICAL ARTERIES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	Ultrasound	76821	DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERIES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76825	FETAL ECHOCARDIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76826	FETAL ECHOCARDIOGRAPHY FOLLOW-UP OR REPEAT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76827	FETAL DOPPLER ECHOCARDIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76828	FETAL DOPPLER ECHOCARDIOGRAPHY FOLLOW-UP OR REPEAT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	Ultrasound	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	Ultrasound	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	77011	CT FOR STEREOTACTIC LOCALIZATION	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77012	CT GUIDANCE FOR NEEDLE PLACEMENT	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77013	CT GUIDANCE FOR PROCEDURES FOR ABLATION	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77014	CT GUIDANCE FOR RADIATION THERAPY FIELDS	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	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
RADIOLOGY	MRI	77022	bb	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	77078	CT BONE MINERAL DENSITY STUDY ONE OR MORE SITES AXIAL SKELETON (HIPS, PELVIS, SPINE)	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	77084	MRI, BONE MARROW BLOOD SUPPLY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78000	THYROID UPTAKE; SINGLE DETERMINATION	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78003	THYROID UPTAKE STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78007	THYROID IMAGING, MULTIPLE DETERMINATIONS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78010	THYROID IMAGING; ONLY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78011	THYROID IMAGING; WITH VASCULAR FLOW	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78015	THYROID CARCINOMA METASTASES IMAGING LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78016	THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78018	THYROID CARCINOMA METASTASES IMAGING WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78020	THYROID CARCINOMA METASTASES UPTAKE (Add on code)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78075	ADRENAL NUCLEAR IMAGING CORTEX AND/OR MEDULLA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78099	UNLISTED ENDOCRINE PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78102	BONE MARROW IMAGING, LIMITED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78103	BONE MARROW IMAGING, MULTIPLE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78104	BONE MARROW IMAGING, WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78135	RED CELL SURVIVAL DIFFERENTIAL	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78140	LABELED RED CELL SEQUESTRATION	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78185	SPLEEN IMAGING W/ OR WO VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78190	PLATELET SURVIVAL W/ OR W/OUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78191	PLATELET SURVIVAL STUDY ONLY	Excluded from Program	Excluded from Program	Excluded from Program

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78195	LYMPH SYSTEM IMAGING (LYMPHOSCINTIGRAPHY)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78199	UNLISTED HEMATOPOETIC PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78201	LIVER IMAGING STATIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78202	LIVER IMAGING W/ VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78215	LIVER AND SPLEEN IMAGING STATIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78230	SALIVARY GLAND NUCLEAR IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78231	SALIVARY GLAND NUCLEAR IMAGING WITH SERIAL IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78232	SALIVARY GLAND FUNCTION STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78258	ESOPHAGUS MOTILITY STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78261	GASTRIC MUCOSA IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78262	GASTROESOPHAGAEL REFLUX STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78264	GASTRIC EMPTYING IMAGING STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78265	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78266	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT, MULTIPLE DAYS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78270	SCHILLING TEST	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78271	B-12 ABSORPTION WITH INTRINSIC FACTOR	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78278	GI BLEEDING SCINTIGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78282	GASTRONINTESTINAL PROTEIN LOSS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78290	INTESTINAL IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78291	PERITONEAL- VENOUS SHUNT PATENCY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78299	UNLISTED GASTROINTESTINAL PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78300	NUCLEAR BONE SCAN LIMITED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78305	NUCLEAR BONE SCAN MULTIPLE AREAS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78306	NUCLEAR BONE SCAN WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78315	BONE SCAN THREE PHASE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78399	UNLISTED MUSCULOSKELETAL PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78414	CENTRAL C-V HEMODYNAMICS (NON-IMAGING) SINGLE OR MULTIPLE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78428	CARDIAC SHUNT DETECTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	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)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78445	NON-CARDIAC VASCULAR FLOW IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78451	MYOCARDIAL PERFUSION IMAGING WITH SPECT-SINGLE STUDY	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	NUCLEAR MED	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78452	MYOCARDIAL PERFUSION IMAGING WITH SPECT-MULTIPLE STUDIES	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	NUCLEAR MED	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR REST OR STRESS	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	NUCLEAR MED	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR REST AND/OR STRESS	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	NUCLEAR MED	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78456	ACUTE VENOUS THROMBOSIS IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78457	VENOUS THROMBOSIS IMAGING UNILATERAL	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78458	VENOUS THROMBOSIS IMAGING BILATERAL	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78459	PET MYOCARDIAL-METABOLIC	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	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

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78466	INFARCT AVID MYOCARDIAL IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78468	INFARCT AVID MYOCARDIAL IMAGING WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78469	INFARCT AVID MYOCARDIAL IMAGING TOMOGRAPHIC SPECT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78472	GATED HEART, REST OR STRESS	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78472	GATED CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78473	CARDIAC BLOOD POOL MUGA SCAN	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78473	GATED MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78481	HEART FIRST PASS SINGLE	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78481	PLANAR FIRST PASS CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78483	CARDIAC BLOOD POOL IMAGING, MULTI	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78483	PLANAR FIRST PASS MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78491	PET MYOCARDIAL PERFUSION IMAGING, REST OR STRESS	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CARDIOLOGY	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
RADIOLOGY	PET SCANS	78492	PET MYOCARDIAL PERFUSION IMAGING, REST AND STRESS	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)	Excluded from Program (Managed Under Cardiology)
CARDIOLOGY	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
CARDIOLOGY	NUCLEAR MED	78494	CARDIAC BLOOD POOL IMAGING, SPECT	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78494	SPECT EQUILIBRIUM CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)	Excluded from program (Managed Under Radiology)
RADIOLOGY	NUCLEAR MED	78496	SPECT EQUILIBRIUM MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78499	UNLISTED CARDIOVASCULAR PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78579	PULMONARY VENTILATION (EG, AEROSOL OR GAS) IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78580	PULMONARY PERFUSION IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78599	UNLISTED RESPIRATORY PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78600	BRAIN SCINTIGRAPHY STATIC LIMITED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78601	BRAIN SCINTIGRAPHY LIMITED WITH VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78605	BRAIN SCINTIGRAPHY COMPLETE STATIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78606	BRAIN SCINTIGRAPHY COMPLETE WITH VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78608	BRAIN PET METABOLIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78609	BRAIN PET PERFUSION	Not a covered benefit	Not a covered benefit	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78610	BRAIN IMAGING VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78630	CISTERNOGRAM	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78635	CEREBROSPINAL VENTRICULOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78645	SHUNT EVALUATION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78650	CSF LEAKAGE DETECTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78660	RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78699	UNLISTED NUCLEAR MEDICINE PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78700	KIDNEY IMAGING (NUCLEAR) STATIC	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78701	KIDNEY IMAGING (NUCLEAR) W/ VASCULAR FLOW	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78704	KIDNEY IMAGING WITH FUNCTION STUDY (IMAGING RENOGRAM)	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78707	KIDNEY FLOW AND FUNCTION, SINGLE STUDY W/O PHARMACOLOGIC INTERVENTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78708	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ PHARMACOLOGICAL INTERVENTION, SINGLE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78709	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ AND W/O PHARMACOLOGICAL INTERVENTION, MULTIPLE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78725	NUCLEAR NON-IMAGING RENAL FUNCTION	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78730	URINARY BLADDER RESIDUAL STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	NUCLEAR MED	78761	TESTICULAR SCAN- VASCULAR FLOW AND DELAYED IMAGES	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78799	UNLISTED GENITOURINARY PROCEDURE	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78811	PET LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78812	PET SKULL BASE TO MID-THIGH	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78813	PET WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78814	PET/CT LIMITED AREA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78815	PET/CT SKULL BASE TO MID THIGH	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78816	PET/CT WHOLE BODY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78999	UNLISTED MISC.PROCEDURE DIAGNOSTIC NUCLEAR MED	Excluded from Program	Excluded from Program	Excluded from Program

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CARDIOLOGY	ECHOCARDIOGRAPHY	93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	ECHOCARDIOGRAPHY	93312	TEE 2D;incl Probe Placement, Imaging/Interp/Report	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	ECHOCARDIOGRAPHY	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	ECHOCARDIOGRAPHY	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
	ECHOCARDIOGRAPHY	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Cardiology	ECHO	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Investigational	Investigational	Investigational
CARDIOLOGY	ECHOCARDIOGRAPHY	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	ECHOCARDIOGRAPHY	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR LIMITED STUDY	Redirect to primary procedure	Redirect to primary procedure	Redirect to primary procedure
CARDIOLOGY	ECHOCARDIOGRAPHY	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING	Redirect to primary procedure	Redirect to primary procedure	Redirect to primary procedure
CARDIOLOGY	ECHO STRESS	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST, WITH INTERPRETATION AND REPORT	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHO STRESS	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL.	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHO STRESS	93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	DHC	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	T-CODES	0042T	CT PERFUSION BRAIN	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	NUC CARD	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational / Experimental	Investigational / Experimental	Investigational / Experimental
RADIOLOGY	MR	0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	Investigational	Investigational	Investigational
RADIOLOGY	MR	0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	Investigational	Investigational	Investigational
RADIOLOGY	MR	0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	Investigational	Investigational	Investigational
RADIOLOGY	MR	0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	Investigational	Investigational	Investigational
RADIOLOGY	CT	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Investigational	Investigational	Investigational
RADIOLOGY	CT	0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Investigational	Investigational	Investigational
RADIOLOGY	CT	0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Investigational	Investigational	Investigational
RADIOLOGY	CT	0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Investigational	Investigational	Investigational
RADIOLOGY	CT	0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Investigational	Investigational	Investigational

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	CT	0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Investigational	Investigational	Investigational
Radiology	MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. Effective 7/1/2021 AMA Additions	Investigational	Investigational	Investigational
Radiology	MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). Effective 7/1/2021 AMA Additions	Investigational	Investigational	Investigational
RADIOLOGY	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 / Experimental	Investigational / Experimental	Investigational / Experimental
Radiology	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
Radiology	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	Investigational	Investigational	Investigational
Radiology	CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational	Investigational	Investigational
Radiology	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	Investigational	Investigational	Investigational
Radiology	CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational	Investigational	Investigational
Nuclear Cardiology	NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Investigational / Experimental	Investigational / Experimental	Investigational / Experimental
RADIOLOGY	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
RADIOLOGY	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)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	C8900	MRA WITH CONTRAST, ABDOMEN	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8901	MRA WITHOUT CONTRAST, ABDOMEN	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8902	MRA WITH AND WITHOUT CONTRAST, ABDOMEN	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRI	C8903	MRI WITH CONTRAST, BREAST; UNILATERAL	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRI	C8905	MRI WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRI	C8906	MRI WITH CONTRAST, BREAST; BILATERAL	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRI	C8908	MRI WITH AND WITHOUT CONTRAST, BREAST; BILATERAL	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8909	MRA WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Redirect to valid code	Redirect to valid code	Redirect to valid code

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	MRA	C8910	MRA WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8911	MRA WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8912	MRA WITH CONTRAST, LOWER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8913	MRA WITHOUT CONTRAST, LOWER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8914	MRA WITH AND WITHOUT CONTRAST, LOWER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8918	MRA WITH CONTRAST, PELVIS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8919	MRA WITHOUT CONTRAST, PELVIS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8920	MRA WITH AND WITHOUT CONTRAST, PELVIS	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	EXCLUSIONS	C8921	TRANSTHORACIC ECHOCARDIOGRAPHY W/CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	Excluded from Program	Excluded from Program	Excluded from Program
CARDIOLOGY	C-CODES	C8922	TRANSTHORACIC ECHOCARDIOGRAPHY W/CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; F/U OR LIMITED STUDY	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8923	TRANSTHORACIC ECHOCARDIOGRAPHY W/CONTRAST, REAL-TIME W/IMAGE DOCUMENTATION (2D), W/WO M-MODE RECORDING; COMPLETE	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8924	TRANSTHORACIC ECHOCARDIOGRAPHY W/CONTRAST, REAL-TIME W/IMAGE DOCUMENTATION (2D), W/WO M-MODE RECORDING; F/U OR LIMITED STUDY	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	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	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8929	TRANSTHORACIC ECHOCARDIOGRAPHY W/CONTRAST, REAL-TIME W/IMAGE DOCUMENTATION (2D), W/WO M-MODE RECORDING, COMPLETE, WITH PSPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	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.	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
RADIOLOGY	MRA	C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY	Redirect to valid code	Redirect to valid code	Redirect to valid code
CARDIOLOGY	MRI	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Investigational	Investigational	Investigational
CARDIOLOGY	MRI	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Investigational	Investigational	Investigational
RADIOLOGY	MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	G-CODES	G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	G-CODES	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Excluded from Program	Excluded from Program	Excluded from Program

Product	Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
RADIOLOGY	G-CODES	G0252	PET IMAGING FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER (EG, INITIAL STAGING OF AXILLARY LYMPH NODES)	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	S8037	MRCP	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	S8042	MRI LOW FIELD	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	S8080	SCINTIMAMMOGRAPHY	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	PET SCANS	S8085	FDG (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE DETECTION SYSTEM (NON-DEDICATED PET SCAN)	Excluded from Program	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	Excluded from Program	Excluded from Program	Excluded from Program

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