

## Network Health Wisconsin - Table of Contents

<b>Radiology</b>	<b>2</b>
<b>Cardiology</b>	<b>7</b>
<b>Interventional Pain</b>	<b>9</b>
<b>Joint Services</b>	<b>12</b>
<b>Spine Surgery</b>	<b>17</b>
<b>Radiation Oncology</b>	<b>20</b>
<b>PTOT</b>	<b>24</b>
<b>Gastro (UM)</b>	<b>26</b>
<b>Vascular Intervention Codes</b>	<b>28</b>
<b>Medical Oncology</b>	<b>33</b>
<b>Laboratory Management</b>	<b>34</b>

**PRESS THE + BUTTON AT THE  
TOP OF THE SCREEN TO ZOOM IN**

**Network Health Plan WI**  
**Prior Authorization Procedure List: Radiology - Advanced Imaging**

*\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
MR	<b>70336</b>	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	Yes	70336	1/8/2014	1/1/2025	Active	Active
CT	<b>70450</b>	Computed tomography, head or brain; without contrast material	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CT	<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CT	<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CT	<b>70480</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Yes	Yes	70480, 70481, 70482	1/8/2014	1/1/2025	Active	Active
CT	<b>70481</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Yes	Yes	70480, 70481, 70482	1/8/2014	1/1/2025	Active	Active
CT	<b>70482</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	70480, 70481, 70482	1/8/2014	1/1/2025	Active	Active
CT	<b>70486</b>	Computed tomography, maxillofacial area; without contrast material	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	<b>70487</b>	Computed tomography, maxillofacial area; with contrast material(s)	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	<b>70488</b>	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	<b>70490</b>	Computed tomography, soft tissue neck; without contrast material	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	<b>70496</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	70496	1/8/2014	1/1/2025	Active	Active
CT	<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	70498	1/8/2014	1/1/2025	Active	Active
MR	<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70543</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	<b>70545</b>	Magnetic resonance angiography, head; with contrast material(s)	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	<b>70546</b>	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	<b>70548</b>	Magnetic resonance angiography, neck; with contrast material(s)	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	<b>70549</b>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	<b>70554</b>	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Yes	Yes	70554, 70555	1/8/2014	1/1/2025	Active	Active
MR	<b>70555</b>	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	Yes	70554, 70555	1/8/2014	1/1/2025	Active	Active
CT	<b>71250</b>	Computed tomography, thorax; without contrast material	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	<b>71260</b>	Computed tomography, thorax; with contrast material(s)	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	<b>71270</b>	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	<b>71271</b>	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes		12/29/2020	1/1/2025	Active	Active
CT	<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	71275	1/8/2014	1/1/2025	Active	Active
CT	<b>71550</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	Yes	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active
CT	<b>71551</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	Yes	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
CT	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active
CT	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Yes	Yes	71555	1/8/2014	1/1/2025	Active	Active
CT	72125	Computed tomography, cervical spine; without contrast material	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	72126	Computed tomography, cervical spine; with contrast material	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	72128	Computed tomography, thoracic spine; without contrast material	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	72129	Computed tomography, thoracic spine; with contrast material	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	72131	Computed tomography, lumbar spine; without contrast material	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
CT	72132	Computed tomography, lumbar spine; with contrast material	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
CT	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
MR	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	Yes	72146, 72147, 72157	1/8/2014	1/1/2025	Active	Active
MR	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	Yes	72146, 72147, 72157	1/8/2014	1/1/2025	Active	Active
MR	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	Yes	72148, 72149, 72158	1/8/2014	1/1/2025	Active	Active
MR	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Yes	Yes	72148, 72149, 72158	1/8/2014	1/1/2025	Active	Active
MR	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Yes	Yes	72156, 70540, 70542, 70543, 72141, 72142	1/8/2014	1/1/2025	Active	Active
MR	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Yes	Yes	72157, 72146, 72147	1/8/2014	1/1/2025	Active	Active
MR	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Yes	Yes	72158, 72148, 72149	1/8/2014	1/1/2025	Active	Active
MR	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	Yes	72159	1/8/2014	1/1/2025	Active	Active
CT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	72191	1/8/2014	1/1/2025	Active	Active
CT	72192	Computed tomography, pelvis; without contrast material	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	72193	Computed tomography, pelvis; with contrast material(s)	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
MR	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	Yes	72198	1/8/2014	1/1/2025	Active	Active
CT	73200	Computed tomography, upper extremity; without contrast material	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	73201	Computed tomography, upper extremity; with contrast material(s)	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	73206	1/8/2014	1/1/2025	Active	Active
MR	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	Yes	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
MR	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	Yes	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
MR	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
MR	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	Yes	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
MR	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	Yes	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
MR	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
MR	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	Yes	73225	1/8/2014	1/1/2025	Active	Active
CT	73700	Computed tomography, lower extremity; without contrast material	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active
CT	73701	Computed tomography, lower extremity; with contrast material(s)	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active
CT	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
CT	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	73706	1/8/2014	1/1/2025	Active	Active
MR	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Yes	Yes	73721, 73722, 73723, 73718, 73719, 73720, 72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	Yes	73725	1/8/2014	1/1/2025	Active	Active
CT	74150	Computed tomography, abdomen; without contrast material	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	74160	Computed tomography, abdomen; with contrast material(s)	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	74174	1/8/2014	1/1/2025	Active	Active
CT	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	74175	1/8/2014	1/1/2025	Active	Active
CT	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes	Yes	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
CT	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	Yes	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
CT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes	Yes	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
MR	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	Yes	74181, 74182, 74183, S8037	1/8/2014	1/1/2025	Active	Active
MR	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	Yes	74181, 74182, 74183, S8037	1/8/2014	1/1/2025	Active	Active
MR	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Yes	Yes	74181, 74182, 74183, S8092	1/8/2014	1/1/2025	Active	Active
MR	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	Yes	74185	1/8/2014	1/1/2025	Active	Active
CT	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	Yes	74261, 74262	1/8/2014	1/1/2025	Active	Active
CT	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s), including non-contrast images, if performed	Yes	Yes	74261, 74262	1/8/2014	1/1/2025	Active	Active
CT	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	Yes	74263	1/8/2014	1/1/2025	Active	Active
MR	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes	74712, 78491, 78492, 74713	12/31/2015	1/1/2025	Active	Active
MR	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes	74713, 78491, 78492, 74712	12/31/2015	1/1/2025	Active	Active
CT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	75635	1/8/2014	1/1/2025	Active	Active
CT	76380	Computed tomography, limited or localized follow-up study	Yes	Yes	76380, 70486, 70487, 70488	6/16/2015	1/1/2025	Active	Active
MR	76390	Magnetic resonance spectroscopy	Yes	Yes	76390	1/8/2014	1/1/2025	Active	Active
MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes	Yes		1/4/2019	1/1/2025	Active	Active
CT	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	Yes	76497	1/8/2014	1/1/2025	Active	Active
MR	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	Yes	76498	1/8/2014	1/1/2025	Active	Active
BMRI	77045	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes		11/16/2018	1/1/2025	Active	Active
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes		11/16/2018	1/1/2025	Active	Active
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	Yes	Yes		11/16/2018	1/1/2025	Active	Active
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	Yes	Yes		11/16/2018	1/1/2025	Active	Active
MR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	Yes	77084	1/8/2014	1/1/2025	Active	Active
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	Yes	Yes		12/12/2019	1/1/2025	Active	Active
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes		12/13/2019	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active
PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active
PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active
PET	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	78608, 78609	1/8/2014	1/1/2025	Active	Active
PET	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	Yes	78609, 78609	1/8/2014	1/1/2025	Active	Active
PET	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	78813	Positron emission tomography (PET) imaging; whole body	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816, G0219	1/8/2014	1/1/2025	Active	Active
CT	0042T	CT Perfusion Brain	Yes	Yes		1/8/2014	1/1/2025	Active	Active
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	I/E	I/E		12/29/2020	1/1/2025	Active	Active
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	I/E	I/E		12/29/2020	1/1/2025	Active	Active
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	I/E	I/E		12/29/2020	1/1/2025	Active	Active
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	I/E	I/E		12/29/2020	1/1/2025	Active	Active
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 9/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active
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 9/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active
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 9/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active
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 9/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active
CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	I/E	I/E		12/29/2020	1/1/2025	Active	Active
CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	I/E	I/E		12/29/2020	1/1/2025	Active	Active
CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	I/E	I/E		12/29/2020	1/1/2025	Active	Active
CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	I/E	I/E		12/29/2020	1/1/2025	Active	Active
CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	I/E	I/E		12/29/2020	1/1/2025	Active	Active
CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	I/E	I/E		12/29/2020	1/1/2025	Active	Active
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. <b>Effective 7/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). <b>Effective 7/1/2021 AMA Additions</b>	I/E	I/E		6/27/2021	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
MR	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		12/21/2021	1/1/2025	Active	Active
MR	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/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
MR	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Yes	Yes		1/1/2024	1/1/2025	Active	Active
MR	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)	Yes	Yes		1/1/2024	1/1/2025	Active	Active
MR	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes		1/1/2024	1/1/2025	Active	Active
PET	G0235	PET Imaging, Any Site, Not Otherwise Specified	Yes	Yes		1/17/2014	1/1/2025	Active	Active
PET	G0252	PET Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer	Yes	Yes		1/17/2014	1/1/2025	Active	Active
MR	S8035	Magnetic Source Imaging (MSI)	Yes	Yes	S8035	1/15/2014	1/1/2025	Active	Active
MR	S8037	Magnetic resonance cholangiopancreatography (MRCP)	Yes	Yes	S8037, 74181, 74182, 74183	1/8/2014	1/1/2025	Active	Active
CT	S8092	CT Electron Beam (also known as Ultrafast CT, Cine CT), for calcium scoring	Yes	Yes	S8092	1/8/2014	1/1/2025	Active	Active

CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**  
**Prior Authorization Procedure List: Cardiology**

\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Term Date	Medicare Termed Date
MR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	No	75557, 75559, 75561, 75563, +75565	1/8/2014	1/8/2014	Active	7/1/2019
MR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	No	75557, 75559, 75561, 75563, +75565	1/8/2014	1/8/2014	Active	7/1/2019
MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Yes	No	75557, 75559, 75561, 75563, +75565	1/8/2014	1/8/2014	Active	7/1/2019
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	Yes	No	75557, 75559, 75561, 75563, +75565	1/8/2014	1/8/2014	Active	7/1/2019
MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	No	75557, 75559, 75561, 75563, +75565	1/8/2014	1/8/2014	Active	7/1/2019
CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	No	75571	1/8/2014	1/8/2014	Active	7/1/2019
CT	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)	Yes	No	75572	1/8/2014	1/8/2014	Active	7/1/2019
CT	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)	Yes	No	75573	1/8/2014	1/8/2014	Active	7/1/2019
CT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	No	75574	1/8/2014	1/8/2014	Active	7/1/2019
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	Yes	No	75577	1/1/2026	N/A	Active	N/A
CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Yes	No		1/1/2024	1/1/2024	Active	7/1/2019
Nuc Card	78414	Non-Imaging Heart Function	Yes	No		12/11/2019	12/11/2019	Active	7/1/2019
Nuc Card	78428	Cardiac Shunt Imaging	Yes	No		12/11/2019	12/11/2019	Active	7/1/2019
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	No		12/13/2019	12/13/2019	Active	6/1/2020
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes	No		12/12/2019	12/12/2019	Active	6/1/2020
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	No		12/12/2019	12/12/2019	Active	6/1/2020
CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	No		12/12/2019	12/12/2019	Active	6/1/2020
Nuc Card	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	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)	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	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	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Term Date	Medicare Termed Date
Nuc Card	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	Yes	No	78472, 78473, 78494, +78496	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	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	Yes	No	78472, 78473, 78494, +78496	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	No	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Yes	No	78472, 78473, 78494, +78496	1/8/2014	1/8/2014	Active	7/1/2019
Nuc Card	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Yes	No	78472, 78473, 78494, +78496	1/8/2014	1/8/2014	Active	7/1/2019
Echo	93350	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;	Yes	No	93350, 93351, +93320, +93321, +93325	1/8/2014	1/8/2014	Active	7/1/2019
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	Yes	No	93350, 93351, +93320, +93321, +93325	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Yes	No	93451	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93452	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	No	93453	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	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	Yes	No	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	1/8/2014	Active	7/1/2019
Catheterization	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Yes	No	93593	12/21/2021	12/21/2021	Active	7/1/2019
Catheterization	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Yes	No	93594	12/21/2021	12/21/2021	Active	7/1/2019
Catheterization	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Yes	No	93595	12/21/2021	12/21/2021	Active	7/1/2019
Catheterization	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Yes	No	93596	12/21/2021	12/21/2021	Active	7/1/2019
Catheterization	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections	Yes	No	93597	12/21/2021	12/21/2021	Active	7/1/2019

CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**  
**Prior Authorization Procedure List: Interventional Pain**

*\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	22505	Manipulation of spine requiring anesthesia, any region	Yes	Yes	22505	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Interventional Pain	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	Yes	27096	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	62263, 62264	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	62292	Injection Procedure For Chemoneurolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	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; without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes		5/14/2015	5/14/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	Yes		6/4/2020	6/4/2020	Active	Active
Musculoskeletal	Interventional Pain	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes		12/16/2019	12/16/2019	Active	Active
Musculoskeletal	Interventional Pain	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64480	Injection(s), anesthetic agent 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)	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64484	Injection(s), anesthetic agent 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)	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) Requests for injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans) are not in scope of review and do not require prior authorization.	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	Yes	0213T, 0214T, 0215T, 0216T, 0217T, 0218T	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Interventional Pain	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Interventional Pain	M0076	Prolotherapy	Yes	Yes	M0076	5/14/2015	5/14/2015	Active	Active

CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**  
**Prior Authorization Procedure List: Joint Services (Hip/Knee/Shoulder)**

**\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	<b>23000</b>	Removal of subdeltoid calcareous deposits, open	Yes	Yes	23000, 23020	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23020</b>	Capsular contracture release (eg, Sever type procedure)	Yes	Yes	23000, 23020	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23120</b>	Claviclectomy; partial	Yes	Yes	23120	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23130</b>	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Yes	Yes	23130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23410</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Yes	Yes	23410, 23412	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23412</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Yes	Yes	23410, 23412	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23415</b>	Coracoacromial ligament release, with or without acromioplasty	Yes	Yes	23415, 23420	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23420</b>	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Yes	Yes	23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23430</b>	Tenodesis of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23440</b>	Resection or transplantation of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23450</b>	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23455</b>	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23460</b>	Capsulorrhaphy, anterior, any type; with bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23462</b>	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23465</b>	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23466</b>	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23470</b>	Arthroplasty, glenohumeral joint; hemiarthroplasty	Yes	Yes	23470, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23472</b>	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Yes	Yes	23470, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23473</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Yes	Yes	23473, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>23474</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Yes	Yes	23473, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27125</b>	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Yes	Yes	27122, 27125, 27130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27130</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Yes	Yes	27122, 27125, 27130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27132</b>	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Yes	Yes	27132	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27134</b>	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27137</b>	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27138</b>	Revision of total hip arthroplasty; femoral component only, with or without allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27282</b>	Arthrodesis, symphysis pubis (including obtaining graft)	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27332</b>	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27333</b>	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27334</b>	Arthrotomy, with synovectomy, knee; anterior OR posterior	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27335</b>	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Yes	Yes	27330, 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27403</b>	Arthrotomy with meniscus repair, knee	Yes	Yes	27403	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27405</b>	Repair, primary, torn ligament and/or capsule, knee; collateral	Yes	Yes	27405, 27407, 27409	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27412</b>	Autologous chondrocyte implantation, knee	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27415</b>	Osteochondral allograft, knee, open	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	<b>27416</b>	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27418</b>	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Yes	Yes	27418	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27420</b>	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27422</b>	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27424</b>	Reconstruction of dislocating patella; with patellectomy	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27425</b>	Lateral retinacular release, open	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27427</b>	Ligamentous reconstruction (augmentation), knee; extra-articular	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27428</b>	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27429</b>	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27430</b>	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	Yes		12/6/2019	12/6/2019	Active	Active
Musculoskeletal	Joint Surgery	<b>27438</b>	Arthroplasty, patella; with prosthesis	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27440</b>	Arthroplasty, knee, tibial plateau;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27441</b>	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27442</b>	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27443</b>	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27447</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27486</b>	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	27486, 27487, 27488	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27487</b>	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Yes	Yes	27486, 27487, 27488	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>27580</b>	Arthrodesis, knee, any technique	Yes	Yes	27580	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29805</b>	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29806</b>	Arthroscopy, shoulder, surgical; capsulorrhaphy	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29807</b>	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29819</b>	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29820</b>	Arthroscopy, shoulder, surgical; synovectomy, partial	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29821</b>	Arthroscopy, shoulder, surgical; synovectomy, complete	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29822</b>	Arthroscopy, shoulder, surgical; debridement, limited	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	29823	Arthroscopy, shoulder, surgical; debridement, extensive	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	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)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29863	Arthroscopy, hip, surgical; with synovectomy	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29873	Arthroscopy, knee, surgical; with lateral release	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	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	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	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	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	<b>29887</b>	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29888</b>	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29889</b>	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29914</b>	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29915</b>	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>29916</b>	Arthroscopy, hip, surgical; with labral repair	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	<b>S2118</b>	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	Yes		12/6/2019	12/6/2019	Active	Active

CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**  
**Prior Authorization Procedure List: Spine Surgery**

\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY  
\*\*MA requiring Prior Authorization 1/1/2024\*\*

Product	Category	CPT Code	CPT Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Spine Surgery	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Yes	Yes	20930, 20931	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Yes	Yes	20930, 20931	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft): Local (Eg, Ribs, Spinous Process, Or Lamina Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft): Structural Bifocal/Or Trifocal (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20975	Electrical stimulation to aid bone healing; invasive (operative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	20979	Low intensity ultrasound stimulation to aid bone healing; noninvasive (nonoperative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Yes	Yes	22101, 22102, 22103, 22112, 22114, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Yes	Yes	22101, 22102, 22103, 22112, 22114, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22118	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Yes	Yes	22206, 22207, 22208, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	Yes	22206, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	Yes	22206, 22207, 22208, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Yes	Yes	22220, 22222, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	Yes	22220, 22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	Yes	22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	22220, 22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	22532, 22533, 22534	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	22532, 22533, 22534	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22532, 22533, 22534	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585, 22586	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	22552, 22556, 22558, 22585	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585, 22586	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Yes	Yes	22586	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace, Cervical Below C2 Segment	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Yes	Yes	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)	Yes	Yes	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression); single interspace; lumbar	Yes	Yes	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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)	Yes	Yes	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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 And Segment; Lumbar	Yes	Yes	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	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 (List separately in addition to code for primary procedure)	Yes	Yes	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22800	Arthrodesis, posterior, for spinal deformity, with or without cast, up to 5 vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22802	Arthrodesis, posterior, for spinal deformity, with or without cast, 7 to 12 vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22804	Arthrodesis, posterior, for spinal deformity, with or without cast, 13 or more vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22808	Arthrodesis, anterior, for spinal deformity, with or without cast, 2 to 3 vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22810	Arthrodesis, anterior, for spinal deformity, with or without cast, 4 to 7 vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22812	Arthrodesis, anterior, for spinal deformity, with or without cast, 8 or more vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Yes	Yes	22818, 22819	5/14/2015	1/1/2024	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Reimbursement Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Spine Surgery	<b>22819</b>	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Yes	Yes	22818, 22819	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22830</b>	Exploration of spinal fusion	Yes	Yes	22830	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22840</b>	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublamina wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22841</b>	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22842</b>	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamina wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22843</b>	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamina wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22844</b>	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublamina wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22845</b>	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22846</b>	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22847</b>	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22848</b>	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Yes	Yes	22848	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22849</b>	Reinsertion of spinal fixation device	Yes	Yes	22849	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22850</b>	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Yes	Yes	22850	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22853</b>	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Yes	Yes	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22854</b>	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)	Yes	Yes	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22856</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Yes	Yes	22856, 22858, 22861	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22857</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Yes	Yes	22857, 22862	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22858</b>	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)	Yes	Yes	22856, 22858, 22861	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22859</b>	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)	Yes	Yes	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22860</b>	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)	Yes	Yes		12/31/2022	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22861</b>	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace, cervical	Yes	Yes	22856, 22858, 22861	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22862</b>	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace, lumbar	Yes	Yes	22857, 22862	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22865</b>	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22867</b>	Insertion of interlaminar/intraspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Yes	Yes	22867, 22868, 22869, 22870	7/26/2017	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22868</b>	Insertion of interlaminar/intraspinous 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)	Yes	Yes	22867, 22868, 22869, 22870	6/1/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22869</b>	Insertion of interlaminar/intraspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Yes	Yes	22867, 22868, 22869, 22870	5/21/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22870</b>	Insertion of interlaminar/intraspinous 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)	Yes	Yes	22867, 22868, 22869, 22870	5/21/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>22899</b>	Unlisted procedure, spine	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>27278</b>	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>27279</b>	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>27280</b>	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>62330</b>	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Yes	Yes	62330	1/1/2026	1/1/2026	Active	Active
Musculoskeletal	Spine Surgery	<b>62331</b>	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Yes	Yes	62331	1/1/2026	1/1/2026	Active	Active
Musculoskeletal	Spine Surgery	<b>62380</b>	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Yes	Yes	62380	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63001</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments, cervical	Yes	Yes	63001, 63003, 63005, 63016	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63003</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments, thoracic	Yes	Yes	63001, 63003, 63005, 63012, 63015, 63016, 63017	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63005</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments, lumbar, except for spondylosis	Yes	Yes	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63011</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments, sacral	Yes	Yes	63005, 63011, 63012, 63016, 63017	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63012</b>	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylosis, lumbar (Gill type procedure)	Yes	Yes	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63015</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments, cervical	Yes	Yes	63001, 63003, 63005, 63016	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63016</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments, thoracic	Yes	Yes	63001, 63003, 63005, 63012, 63015, 63016, 63017	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63017</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments, lumbar	Yes	Yes	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63020</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Yes	Yes	63020, 63035, 63040, 63043	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63030</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes	Yes	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63035</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	63020, 63030, 63035, 63040, 63042, 63043, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63040</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace, cervical	Yes	Yes	63020, 63035, 63043	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63042</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace, lumbar	Yes	Yes	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63043</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	Yes	Yes	63020, 63035, 63040, 63043	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63044</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Yes	Yes	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63045</b>	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; cervical	Yes	Yes	63045, 63046, 63048	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63046</b>	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; thoracic	Yes	Yes	63045, 63046, 63047, 63048	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63047</b>	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	Yes	Yes	63046, 63047, 63048	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63048</b>	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 segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	63045, 63046, 63047, 63048	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63050</b>	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	Yes	Yes	63050, 63051	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63051</b>	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments, with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	Yes	Yes	63050, 63051	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63052</b>	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes		7/28/2022	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63053</b>	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes		7/28/2022	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63055</b>	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment, thoracic	Yes	Yes	63055, 63056, 63057	5/14/2015	1/1/2024	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Spine Surgery	<b>63056</b>	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)	Yes	Yes	63055, 63056, 63057	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63057</b>	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)	Yes	Yes	63055, 63056, 63057	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63064</b>	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Yes	Yes	63064, 63066	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63066</b>	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	63064, 63066	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63075</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63076</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63077</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63078</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63081</b>	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Yes	Yes	63081, 63082	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63082</b>	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)	Yes	Yes	63081, 63082	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63085</b>	Vertebral corpectomy (vertebral body resection), partial or complete, trans thoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Yes	Yes	63085, 63086	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63086</b>	Vertebral corpectomy (vertebral body resection), partial or complete, trans thoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	63085, 63086	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63087</b>	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	Yes	Yes	63087, 63088	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63088</b>	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)	Yes	Yes	63087, 63088	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63090</b>	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	Yes	Yes	63090, 63091	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63091</b>	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)	Yes	Yes	63090, 63091	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63101</b>	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, single segment	Yes	Yes	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63102</b>	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	Yes	Yes	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63103</b>	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)	Yes	Yes	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63170</b>	Laminectomy with myelotomy (eg, Bishof or DREZ type), cervical, thoracic, or thoracolumbar	Yes	Yes	63170	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63172</b>	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63173</b>	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63185</b>	Laminectomy with rhizotomy, 1 or 2 segments	Yes	Yes	63185, 63190, 63295	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63190</b>	Laminectomy with rhizotomy, more than 2 segments	Yes	Yes	63185, 63190, 63295	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63191</b>	Laminectomy with section of spinal accessory nerve	Yes	Yes	63191	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63200</b>	Laminectomy, with release of tethered spinal cord, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63250</b>	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63251</b>	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63252</b>	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63265</b>	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63266</b>	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63267</b>	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63268</b>	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, intradural; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63270</b>	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63271</b>	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63272</b>	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63273</b>	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63275</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; cervical	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63276</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63277</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63278</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; sacral	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63280</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63282</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63287</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63290</b>	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>63295</b>	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	Yes	Yes	63172, 63173, 63185, 63190, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>09087</b>	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>09087</b>	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>01647</b>	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	Yes	01647	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>01657</b>	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	Yes	01657	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02027</b>	Posterior vertebral joint(s) arthroplasty (eg, facet joint(s) replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Yes	Yes	02027	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02197</b>	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	Yes	Yes	02197, 02207, 02227	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02207</b>	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Yes	Yes	02197, 02207, 02227	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02217</b>	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Yes	Yes	02217, 02207, 02227	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02227</b>	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	02197, 02207, 02217, 02227	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02747</b>	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	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>02757</b>	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 (E.G. Fluoroscopic, CT), Single Or Multiple Levels, Unilateral Or Bilateral, Lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>E0748</b>	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	Yes	E0748	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>E0749</b>	Osteogenesis stimulator, electrical, surgically implanted	Yes	Yes	E0749	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>E0760</b>	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	Yes	E0760	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>S2348</b>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Yes	Yes	S2348	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>S2350</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	Yes	Yes	S2350, S2351	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	<b>S2351</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	S2350, S2351	5/14/2015	1/1/2024	Active	Active

**Network Health Plan WI**  
**Prior Authorization Procedure List: Radiation Oncology**

*\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>Brachytherapy</b>									
Brachytherapy	77761	Intracavitary radiation source application; simple	Yes	Yes	77761	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77762	Intracavitary radiation source application; intermediate	Yes	Yes	77761, 77762	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77763	Intracavitary radiation source application; complex	Yes	Yes	77761, 77762, 77763	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes	77767	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes	77767, 77768	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes	77770	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes	77770, 77771	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes	77770, 77771, 77772	10/18/2018	10/18/2018	Active	Active
Brachytherapy	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes	77778	10/18/2018	10/18/2018	Active	Active
Brachytherapy	0394T	HDR electronic brachytherapy, skin surface application, per fraction	Yes	Yes		10/18/2018	10/18/2018	Active	Active
Brachytherapy	0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes		10/18/2018	10/18/2018	Active	Active
<b>Cardiac Focal Ablation</b>									
Cardiac Focal Ablation	0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Yes	Yes		1/1/2023	1/1/2023	Active	Active
Cardiac Focal Ablation	0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Yes	Yes		1/1/2023	1/1/2023	Active	Active
Cardiac Focal Ablation	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	Yes		1/1/2023	1/1/2023	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>02-Stereo</b>		<b>Stereotactic Radiation Therapy</b>							
Stereotactic Radiation Therapy	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Yes	Yes	77371	10/18/2018	10/18/2018	Active	Active
Stereotactic Radiation Therapy	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	Yes	77372, G0339	10/18/2018	10/18/2018	Active	Active
Stereotactic Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Yes	Yes	77373, G0339, G0340	10/18/2018	10/18/2018	Active	Active
Stereotactic Radiation Therapy	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes	G0339	10/18/2018	10/18/2018	Active	Active
Stereotactic Radiation Therapy	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	Yes	Yes	G0340	10/18/2018	10/18/2018	Active	Active
<b>04-IMRT</b>		<b>Intensity Modulated Radiation Therapy (IMRT)</b>							
Intensity Modulated Radiation Therapy (IMRT)	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes	Yes	77385	10/18/2018	10/18/2018	Active	Active
Intensity Modulated Radiation Therapy (IMRT)	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes	Yes	77385, 77386	10/18/2018	10/18/2018	Active	Active
Intensity Modulated Radiation Therapy (IMRT)	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes	Yes	G6015	10/18/2018	10/18/2018	Active	Active
Intensity Modulated Radiation Therapy (IMRT)	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	Yes	Yes	G6015, G6016	10/18/2018	10/18/2018	Active	Active
<b>06-Neutron</b>		<b>Neutron Beam Radiation Therapy</b>							
Neutron Beam Radiation Therapy	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)	Yes	Yes	77423	10/18/2018	10/18/2018	Active	Active
<b>08-IORT</b>		<b>Intraoperative Radiation Therapy (IORT)</b>							
Intraoperative Radiation Therapy (IORT)	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes	77424	10/18/2018	10/18/2018	Active	Active
Intraoperative Radiation Therapy (IORT)	77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes	77425	10/18/2018	10/18/2018	Active	Active
<b>10-Proton</b>		<b>Proton Beam Radiation Therapy</b>							
Proton Beam Radiation Therapy	77520	Proton treatment delivery; simple, without compensation	Yes	Yes	77520	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	77522	Proton treatment delivery; simple, with compensation	Yes	Yes	77520, 77522	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	77523	Proton treatment delivery; intermediate	Yes	Yes	77520, 77522, 77523	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	77525	Proton treatment delivery; complex	Yes	Yes	77520, 77522, 77523, 77525	10/18/2018	10/18/2018	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>12-Hyperthermia</b>		<b>Hyperthermia Treatment</b>							
Hyperthermia Treatment	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes	77600	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes	77600, 77605	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes	77600, 77605, 77610	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes	77600, 77605, 77610, 77615	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	77620	Hyperthermia generated by intracavitary probe(s)	Yes	Yes	77600, 77605, 77610, 77615, 77620	10/18/2018	10/18/2018	Active	Active
<b>18-Delivery</b>		<b>Radiation Treatment Delivery</b>							
Radiation Treatment Delivery	77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Yes	Yes	77401	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	Yes	Yes	77402	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Yes	Yes	77402, 77407	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed	Yes	Yes	77402, 77407, 77412	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	Yes	Yes	77437	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Yes	Yes	77438	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	Yes	Yes	77439	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	A9609	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	Yes	Yes		10/1/2024	10/1/2024	Active	Active
Radiation Treatment Delivery	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	Yes	Yes		1/1/2025	1/1/2025	Active	Active
Radiation Treatment Delivery	G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	Yes	G6003	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes	Yes	G6003, G6004	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes	Yes	G6003, G6004, G6005	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Yes	Yes	G6003, G6004, G6005, G6006	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	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	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes	Yes	G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014	10/18/2018	10/18/2018	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>20-Guidance</b>		<b>Image-Guided Radiation (IGRT)</b>							
Image-Guided Radiation (IGRT)	<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields	Yes	Yes	77014	10/18/2018	10/18/2018	Active	Active
Image-Guided Radiation (IGRT)	<b>77387</b>	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes	77387	10/18/2018	10/18/2018	Active	Active
Image-Guided Radiation (IGRT)	<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields	Yes	Yes	G6001	10/18/2018	10/18/2018	Active	Active
Image-Guided Radiation (IGRT)	<b>G6002</b>	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	Yes	G6001, G6017, 77014	10/18/2018	10/18/2018	Active	Active
Image-Guided Radiation (IGRT)	<b>G6017</b>	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	Yes	Yes		10/18/2018	10/18/2018	Active	Active
<b>24-RadioPharm</b>		<b>Therapeutic Radiopharmaceuticals</b>							
Therapeutic Radiopharmaceuticals	<b>77750</b>	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Yes	Yes	77750	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>79101</b>	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes	79101	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>79005</b>	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes	79005	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>79403</b>	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Yes	Yes	79403	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9513</b>	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	Yes	A9513	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9543</b>	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Yes	Yes	A9543	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9590</b>	Iodine I-131, Iobenguane, 1 millicurie	Yes	Yes	A9590	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9606</b>	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	Yes	A9606	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9607</b>	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	Yes		10/1/2022	10/1/2022	Active	Active
Therapeutic Radiopharmaceuticals	<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	Yes	A9699	8/1/2022	8/1/2022	Active	Active
Associated Services with Radiation Therapy	<b>77436</b>	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Yes	Yes	77436	1/1/2026	1/1/2026	Active	Active

CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**

**Prior Authorization Procedure List: Physical Therapy & Occupational Therapy**

*The following codes can be submitted under the approved PT/OT treatment.*

**\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
PT/OT	90901	Biofeedback Training By Any Modality	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	95992	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97010	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97012	Application Of A Modality To 1 Or More Areas; Traction, Mechanical	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97014	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97016	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97022	Application Of A Modality To 1 Or More Areas; Whirlpool	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97024	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97026	Application Of A Modality To 1 Or More Areas; Infrared	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97028	Application Of A Modality To 1 Or More Areas; Ultraviolet	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97032	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97033	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97034	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97035	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97036	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97039	Unlisted Modality (Specify Type And Time If Constant Attendance)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97113	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97139	Unlisted Therapeutic Procedure (Specify)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97150	Therapeutic Procedure(S), Group (2 Or More Individuals)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97535	Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97537	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97542	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less	Yes	Yes		5/24/2021	5/24/2021	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
PT/OT	97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97750	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97755	Assistive Technology Assessment (Eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	97799	Unlisted Physical Medicine/Rehabilitation Service Or Procedure	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0151	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0152	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0159	Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0160	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage Iii And Stage Iv Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care	Yes	Yes		5/24/2021	5/24/2021	Active	Active

CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Network Health Plan WI**

**Prior Authorization Procedure List: Gastroenterology Upper and Lower GI**

**\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY**

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
EGD	<b>43200</b>	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	<b>91113</b>	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Yes		1/1/2022	1/1/2022	Active	Active
EGD	<b>43201</b>	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43202</b>	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43204</b>	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43205</b>	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43211</b>	Esophagoscopy flexible transoral mucosal resection	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43212</b>	Esophagoscopy transoral stent placement	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43213</b>	Esophagoscopy retrograde dilate balloon/other	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43214</b>	Esophagoscopy dilate esophagus balloon 30 mm	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43215</b>	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43216</b>	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43217</b>	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43220</b>	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43226</b>	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43227</b>	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43229</b>	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43233</b>	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43235</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes		6/29/2021	6/29/2021	Active	Active
EGD	<b>43236</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43239</b>	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43241</b>	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43243</b>	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43244</b>	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43245</b>	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43246</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43247</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43248</b>	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43249</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43250</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43251</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43254</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43255</b>	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	<b>43266</b>	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
EGD	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44389	Colonoscopy through stoma; with biopsy, single or multiple	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44390	Colonoscopy through stoma; with removal of foreign body(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44391	Colonoscopy through stoma; with control of bleeding, any method	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44403	Colonoscopy through stoma; with endoscopic mucosal resection	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Colonoscopy	45379	Colonoscopy flexible with removal of foreign body(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45380	Colonoscopy flexible with biopsy single/multiple	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45381	Colonoscopy flexible with directed submucosal injection any substance	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45382	Colonoscopy flexible with control bleeding any method	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45384	Colonoscopy flexible with removal lesion by hot biopsy forceps	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45385	Colonoscopy flexible with removal of tumor polyp lesion by snare	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45386	Colonoscopy flexible with transendoscopic balloon dilatation	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45390	Colonoscopy flexible with endoscopic mucosal resection	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	45398	Colonoscopy flexible with band ligation(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report.	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Yes	Yes		5/15/2023	5/15/2023	Active	Active

CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Network Health Plan WI  
Prior Authorization Procedure List: Vascular Intervention Codes

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>Intracranial Interventions</b>											
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial Interventions	61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)	Yes	Yes	61635	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial Interventions	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Yes	Yes	61630	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial Interventions	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Yes	Yes	61624	6/1/2024	6/1/2024	Active	Active
<b>Open Carotid Surgery</b>											
Vascular Arterial Interventions	Cerebrovascular Interventions	Open Carotid Surgery	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Yes	Yes	35390	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Open Carotid Surgery	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately to code for primary procedure)	Yes	Yes	35301	1/1/2024	1/1/2024	Active	Active
<b>Carotid Stent</b>											
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
<b>Vertebral Stent</b>											
Vascular Arterial Interventions	Cerebrovascular Interventions	Vertebral Stent	00757	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Yes	Yes	00757 +/- 0076T	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Vertebral Stent	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	00757 +/- 0076T	1/1/2024	1/1/2024	Active	Active
<b>Open Thoracic Aortic Surgery</b>											
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Open Thoracic Aortic Surgery	33875	Descending thoracic aorta graft, with or without bypass	Yes	Yes	33875	1/1/2024	1/1/2024	Active	Active
<b>Open Thoracoabdominal aneurysm repair</b>											
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Open Thoracoabdominal aneurysm repair	33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	Yes	Yes	33877	1/1/2024	1/1/2024	Active	Active
<b>Thoracic Endovascular Aneurysm Repair</b>											
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed	Yes	Yes	33880 or 33881	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	Yes	Yes	33880 OR 33881	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed	Yes	Yes	Can be billed in addition to 33880, 33881, 33884, 33886	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	Yes	Yes	Can be billed in addition to 33881, 33883, 33884	1/1/2024	1/1/2024	Active	Active

Effective 01/01/2026

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Endovenous Ablation											
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
<b>Sclerotherapy of Truncal Veins</b>											
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Truncal Veins	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	Yes	36465 OR 36466	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Truncal Veins	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	Yes	36465 OR 36466	1/1/2024	1/1/2024	Active	Active
<b>Sclerotherapy of Veins</b>											
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36470	Injection(s) of sclerosant; single incompetent vein (other than telangiectasia)	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36471	Injection(s) of sclerosant; multiple incompetent veins [other than telangiectasia], same leg	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
<b>Open Treatment of Perforator Veins</b>											
Vascular Venous Interventions	Venous Interventions	Open Treatment of Perforator Veins	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Yes	Yes	37700 OR 37760 OR 37761	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Open Treatment of Perforator Veins	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Yes	Yes	37700 OR 37760 OR 37761	1/1/2024	1/1/2024	Active	Active
<b>High Ligation and Stripping of Saphenous veins</b>											
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37718	Ligation, division, and stripping, short saphenous vein	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
<b>Phlebectomy</b>											
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	33779	Unlisted code, arteries and veins (Typically used for stab phlebectomy, <10 incisions)	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
<b>Venous - General</b>											
Vascular Arterial Interventions	Venous Interventions	Venous stenting	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Yes	Yes	37236 OR 37246, 37239 and 37249 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Venous Interventions	Venous stenting	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Yes	Yes	37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Venous stenting	37248	Transluminal balloon angioplasty [except dialysis circuit], open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein, initial vein	Yes	Yes	37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code.	6/1/2024	6/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Venous stenting	37249	Transluminal balloon angioplasty [except dialysis circuit], open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Yes	Yes	37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code.	6/1/2024	6/1/2024	Active	Active
<b>Arterial - General</b>											
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37236	Transcatheter placement of an intravascular stent(s) [except lower extremity artery(s)] for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary, open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Yes	Yes	37236 OR 37246, 37237 and 37247 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37237	Transcatheter placement of an intravascular stent(s) [except lower extremity artery(s)] for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary, open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	37236, 37246, 37247	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37246	Transluminal balloon angioplasty [except lower extremity artery(ies)] for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Yes	Yes	37236, 37237, 37247	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37247	Transluminal balloon angioplasty [except lower extremity artery(ies)] for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	37236, 37237, 37246	1/1/2024	1/1/2024	Active	Active
<b>Intravascular Ultrasound</b>											
Vascular Arterial Interventions	Intravascular Ultrasound (IVUS)	Intravascular Ultrasound	37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Yes	Yes	37252 +/- 37253	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Intravascular Ultrasound (IVUS)	Intravascular Ultrasound	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Yes	Yes	37252 +/- 37253	1/1/2024	1/1/2024	Active	Active

Product	Category	Grouping	CPT* Code	CPT* Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Iliac aneurysm repair											
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Iliac aneurysm repair	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	Yes	Yes	34718	1/1/2024	1/1/2024	Active	Active
Investigational/Experimental											
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal, with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9765, C9766, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal, with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9766, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal, with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9765, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal, with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9765, C9766	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9773, C9774	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9772, C9774	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9772, C9773	6/1/2024	6/1/2024	Active	Active
Venous Embolization											
Vascular Venous Interventions	Vascular Embolization	Venous Embolization	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Yes	Yes	37241	8/1/2024	8/1/2024	Active	Active
Arterial Embolization											
Vascular Venous Interventions	Vascular Embolization	Arterial Embolization	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Yes	Yes	37242	8/1/2024	8/1/2024	Active	Active
Tumor Embolization											
Vascular Venous Interventions	Vascular Embolization	Arterial Embolization	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Yes	Yes	37243	8/1/2024	8/1/2024	Active	Active
Extravasation Embolization											
Vascular Venous Interventions	Vascular Embolization	Extravasation Embolization	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Yes	Yes	37244	8/1/2024	8/1/2024	Active	Active

CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

---

## Network Health Plan WI

### Oncology Primary and Supportive Therapies Drug List

---

For the current Medical Oncology Code Lists, click [here](#).

---

## Network Health Plan WI Lab Management Code List

---

For the current Laboratory Management Code List, click [here](#).