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## Security Health Plan Cardiology Code List

Category	CPT® Code	CPT® Code Description	Notations
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	
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	
Nuclear Cardiac Imaging	78414	Non-Imaging Heart Function	
Nuclear Cardiac Imaging	78428	Cardiac Shunt Imaging	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	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)	
Nuclear Cardiac Imaging	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) an	
Nuclear Cardiac Imaging	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	
Nuclear Cardiac Imaging	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	
Nuclear Cardiac Imaging	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	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	
Nuclear Cardiac Imaging	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	
Nuclear Cardiac Imaging	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)	Add-On
XSE	93350	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	
XSE	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	
DHC	93451	Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed	
DHC	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	

Category	CPT® Code	CPT® Code Description	Notations
DHC	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
DHC	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	
DHC	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	
DHC	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	
DHC	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, ven	
DHC	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 ven	
DHC	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 ven	
DHC	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) fo	
DHC	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) fo	
DHC	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	
DHC	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	
DHC	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	
DHC	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	
DHC	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	
Nuclear Cardiac Imaging	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	
Nuclear Cardiac Imaging	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	
NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Investigational/Experimental

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## Security Health Plan Radiology Code List

Category	CPT® Code	CPT® Code Description
3D Imaging	<b>76376</b>	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works
3D Imaging	<b>76377</b>	
BMRI	<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral
BMRI	<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral
BMRI	<b>77048</b>	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
BMRI	<b>77049</b>	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
CT (CTA)	<b>0710T</b>	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
CT (CTA)	<b>0711T</b>	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
CT (CTA)	<b>0712T</b>	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
CT (CTA)	<b>0713T</b>	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report

Category	CPT® Code	CPT® Code Description
CPET	<b>78430</b>	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
CPET	<b>78431</b>	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
CPET	<b>78432</b>	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);
CPET	<b>78433</b>	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
CPET	<b>78434</b>	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
CPET	<b>78429</b>	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
CT	<b>70450</b>	Computed tomography, head or brain; without contrast material
CT	<b>70460</b>	Computed tomography, head or brain; with contrast material(s)
CT	<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
CT	<b>70480</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CT	<b>70481</b>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
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
CT	<b>70486</b>	Computed tomography, maxillofacial area; without contrast material
CT	<b>70487</b>	Computed tomography, maxillofacial area; with contrast material(s)
CT	<b>70488</b>	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CT	<b>70490</b>	Computed tomography, soft tissue neck; without contrast material
CT	<b>70491</b>	Computed tomography, soft tissue neck; with contrast material(s)
CT	<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CT	<b>70496</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>71250</b>	Computed tomography, thorax, diagnostic; without contrast material
CT	<b>71260</b>	Computed tomography, thorax, diagnostic; with contrast material(s)
CT	<b>71270</b>	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
CT	<b>71271</b>	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

Category	CPT® Code	CPT® Code Description
CT	<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>72125</b>	Computed tomography, cervical spine; without contrast material
CT	<b>72126</b>	Computed tomography, cervical spine; with contrast material
CT	<b>72127</b>	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CT	<b>72128</b>	Computed tomography, thoracic spine; without contrast material
CT	<b>72129</b>	Computed tomography, thoracic spine; with contrast material
CT	<b>72130</b>	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CT	<b>72131</b>	Computed tomography, lumbar spine; without contrast material
CT	<b>72132</b>	Computed tomography, lumbar spine; with contrast material
CT	<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CT	<b>72191</b>	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>72192</b>	Computed tomography, pelvis; without contrast material
CT	<b>72193</b>	Computed tomography, pelvis; with contrast material(s)
CT	<b>72194</b>	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
CT	<b>73200</b>	Computed tomography, upper extremity; without contrast material
CT	<b>73201</b>	Computed tomography, upper extremity; with contrast material(s)
CT	<b>73202</b>	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CT	<b>73206</b>	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>73700</b>	Computed tomography, lower extremity; without contrast material
CT	<b>73701</b>	Computed tomography, lower extremity; with contrast material(s)
CT	<b>73702</b>	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
CT	<b>73706</b>	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>74150</b>	Computed tomography, abdomen; without contrast material
CT	<b>74160</b>	Computed tomography, abdomen; with contrast material(s)
CT	<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CT	<b>74174</b>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>74175</b>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material
CT	<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)
CT	<b>74178</b>	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
CT	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CT	<b>74262</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed

Category	CPT® Code	CPT® Code Description
CT	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing
CT	<b>0633T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
CT	<b>0634T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
CT	<b>0635T</b>	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
CT	<b>0636T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
CT	<b>0637T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
CT	<b>0638T</b>	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
CT	<b>75571</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CT	<b>75572</b>	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)
CT	<b>75573</b>	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)
CT	<b>75574</b>	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 evaluatio
CT	<b>75635</b>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>76380</b>	Computed tomography, limited or localized follow-up study
CT	<b>76497</b>	Unlisted computed tomography procedure (eg, diagnostic, interventional)
CT	<b>S8092</b>	Electron beam computed tomography (also known as ultrafast ct, cine ct)
MR	<b>70336</b>	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
MR	<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
MR	<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
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
MR	<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)
MR	<b>70545</b>	Magnetic resonance angiography, head; with contrast material(s)
MR	<b>70546</b>	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)
MR	<b>70548</b>	Magnetic resonance angiography, neck; with contrast material(s)
MR	<b>70549</b>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
MR	<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
MR	<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences



Category	CPT® Code	CPT® Code Description
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
MR	<b>70555</b>	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
MR	<b>71550</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
MR	<b>71551</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
MR	<b>71552</b>	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
MR	<b>71555</b>	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
MR	<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
MR	<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
MR	<b>72146</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
MR	<b>72147</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
MR	<b>72148</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
MR	<b>72149</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
MR	<b>72156</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
MR	<b>72157</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
MR	<b>72158</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
MR	<b>72159</b>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
MR	<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
MR	<b>72196</b>	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
MR	<b>0865T</b>	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
MR	<b>0866T</b>	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)
MR	<b>C9791</b>	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent
MR	<b>72197</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>72198</b>	Magnetic resonance angiography, pelvis, with or without contrast material(s)
MR	<b>73218</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
MR	<b>73219</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
MR	<b>73220</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences



Category	CPT® Code	CPT® Code Description
MR	<b>73221</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
MR	<b>73222</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
MR	<b>73223</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>73225</b>	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
MR	<b>73718</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
MR	<b>73719</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
MR	<b>73720</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>73721</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
MR	<b>73722</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
MR	<b>73723</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	<b>73725</b>	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
MR	<b>74181</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
MR	<b>74182</b>	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
MR	<b>74183</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
MR	<b>74185</b>	Magnetic resonance angiography, abdomen, with or without contrast material(s)
MR	<b>74712</b>	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
MR	<b>74713</b>	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)
MR	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material;
MR	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
MR	<b>75561</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;

Category	CPT® Code	CPT® Code Description
MR	<b>75563</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
MR	<b>75565</b>	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
MR	<b>76390</b>	Magnetic resonance spectroscopy
MR	<b>76498</b>	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
MR	<b>77021</b>	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
MR	<b>77084</b>	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
MR	<b>0609T</b>	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
MR	<b>0610T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
MR	<b>0611T</b>	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
MR	<b>0612T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
MRI	<b>76391</b>	Magnetic resonance (eg, vibration) elastography
MRI	<b>0648T</b>	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>
MRI	<b>0649T</b>	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>
MRI	<b>0697T</b>	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
MRI	<b>0698T</b>	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)

Category	CPT® Code	CPT® Code Description
Nuclear Cardiac Imaging	<b>78499</b>	Unlisted cardiovascular procedure, diagnostic nuclear medicine
PET	<b>78459</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
PET	<b>78491</b>	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)
PET	<b>78492</b>	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)
PET	<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
PET	<b>78609</b>	Brain imaging, positron emission tomography (PET); perfusion evaluation
PET	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
PET	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
PET	<b>78813</b>	Positron emission tomography (PET) imaging; whole body
PET	<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
PET	<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
PET	<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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## Security Health Plan Radiation Oncology Code List

CPT® Code	CPT® Code Description
<b>0394T</b>	HDR electronic brachytherapy, skin surface application, per fraction
<b>0395T</b>	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction
<b>77316</b>	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
<b>77317</b>	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
<b>77318</b>	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
<b>77761</b>	Intracavitary radiation source application; simple
<b>77762</b>	Intracavitary radiation source application; intermediate
<b>77763</b>	Intracavitary radiation source application; complex
<b>77767</b>	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
<b>77768</b>	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
<b>77770</b>	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
<b>77771</b>	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels
<b>77772</b>	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels
<b>77778</b>	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
<b>77789</b>	Surface application of low dose rate radionuclide source
<b>77790</b>	Supervision, handling, loading of radiation source
<b>77799</b>	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)
<b>C9726</b>	Placement and removal (if performed) of applicator into breast for radiation therapy
<b>G0458</b>	Low dose rate (LDR) prostate brachytherapy services, composite rate

CPT® Code	CPT® Code Description
<b>0745T</b>	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
<b>0746T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
<b>0747T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
<b>77371</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
<b>77372</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
<b>77373</b>	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
<b>77432</b>	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
<b>77435</b>	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
<b>G0339</b>	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
<b>G0340</b>	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
<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
<b>77338</b>	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
<b>77385</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
<b>77386</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
<b>G6015</b>	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
<b>G6016</b>	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
<b>77423</b>	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)

CPT® Code	CPT® Code Description
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77469	Intraoperative radiation treatment management
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
77499	Unlisted procedure, therapeutic radiology treatment management
77261	Therapeutic radiology treatment planning; simple
77262	Therapeutic radiology treatment planning; intermediate
77263	Therapeutic radiology treatment planning; complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	Therapeutic radiology simulation-aided field setting; intermediate
77290	Therapeutic radiology simulation-aided field setting; complex
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)

CPT® Code	CPT® Code Description
<b>77401</b>	Radiation treatment delivery, superficial and/or ortho voltage, per day
<b>77402</b>	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed
<b>77407</b>	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
<b>77412</b>	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
<b>77417</b>	Therapeutic radiology port images(s)
<b>G6003</b>	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev
<b>G6004</b>	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev
<b>G6005</b>	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev
<b>G6006</b>	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater
<b>G6007</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev
<b>G6008</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev
<b>G6009</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev
<b>G6010</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
<b>G6011</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev
<b>G6012</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev
<b>G6013</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev
<b>G6014</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater



CPT® Code	CPT® Code Description
77014	Computed tomography guidance for placement of radiation therapy fields
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
77321	Special teletherapy port plan, particles, hemibody, total body
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	Special medical radiation physics consultation
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment
79101	Radiopharmaceutical, therapy, by intravenous administration
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)
A9590	Iodine i-131, iobenguane, 1 millicurie
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
C2616	Brachytherapy source, nonstranded, yttrium-90, per source
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

CPT® Code	CPT® Code Description
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58346	Insertion of Heyman capsules for clinical brachytherapy
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76965	Ultrasonic guidance for interstitial radioelement application
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)

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## Security Health Plan Joint Surgery Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
23000	Removal Of Subdeltoid Calcaneous Deposits, Open	Yes	No
23020	Capsular Contracture Release (Eg, Sever Type Procedure)	Yes	No
23120	Claviculectomy; Partial	Yes	No
23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	Yes	No
23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	Yes	No
23412	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Chronic	Yes	No
23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	Yes	No
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	Yes	No
23430	Tenodesis Of Long Tendon Of Biceps	Yes	No
23440	Resection Or Transplantation Of Long Tendon Of Biceps	Yes	No
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	Yes	No
23455	Capsulorrhaphy, Anterior; With Labral Repair (Eg, Bankart Procedure)	Yes	No
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	Yes	No
23462	Capsulorrhaphy, Anterior, Any Type; With Coracoid Process Transfer	Yes	No
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	Yes	No
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	Yes	No
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Yes	No
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)]	Yes	No
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	Yes	No
23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component	Yes	No
27125	Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty)	Yes	No
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	Yes	No
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft	Yes	No
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft	Yes	No
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft	Yes	No
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft	Yes	No
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial OR Lateral	Yes	No
27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial AND Lateral	Yes	No
27334	Arthrotomy, With Synovectomy, Knee; Anterior OR Posterior	Yes	No
27335	Arthrotomy, With Synovectomy, Knee; Anterior AND Posterior Including Popliteal Area	Yes	No
27403	Arthrotomy With Meniscus Repair, Knee	Yes	No
27412	Autologous Chondrocyte Implantation, Knee	Yes	No
27415	Osteochondral Allograft, Knee, Open	Yes	No
27416	Osteochondral Autograft(S), Knee, Open (Eg, Mosaicplasty) (Includes Harvesting Of Autograft(S))	Yes	No
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	Yes	No
27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	Yes	No
27422	Reconstruction Of Dislocating Patella; With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure)	Yes	No
27424	Reconstruction Of Dislocating Patella; With Patellectomy	Yes	No
27425	Lateral Retinacular Release, Open	Yes	No
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
27428	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open)	Yes	No
27429	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular	Yes	No
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	No
27438	Arthroplasty, Patella; With Prosthesis	Yes	No
27440	Arthroplasty, Knee, Tibial Plateau	Yes	No
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy	Yes	No
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	Yes	No
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	Yes	No
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	Yes	No
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes	No
29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	Yes	No
29807	Arthroscopy, Shoulder, Slap Repair	Yes	No
29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	Yes	No
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	Yes	No
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	Yes	No
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	Yes	No
29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure)	Yes	No
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation	Yes	No
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	No
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	Yes	No
29828	Arthroscopy, Shoulder, Biceps Tenodesis	Yes	No
29860	Arthroscopy, Hip, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	Yes	No
29863	Arthroscopy, Hip, Surgical; With Synovectomy	Yes	No
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft[S])	Yes	No
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	Yes	No
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion(, Medial Or Lateral	Yes	No
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	Yes	No
29873	Arthroscopy, Knee, Surgical; With Lateral Release	Yes	No
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body ( Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	Yes	No
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	Yes	No
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, Medial Or Lateral)	Yes	No
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	Yes	No
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	Yes	No
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	No
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	No
29882	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
29883	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial And Lateral)	Yes	No
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manipulation (Separate Procedure)	Yes	No
29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	Yes	No
29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	Yes	No
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	Yes	No
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
29914	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	Yes	No
29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	Yes	No
29916	Arthroscopy, Hip, Surgical; With Labral Repair	Yes	No
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	No

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## Security Health Plan Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	No
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	No
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	Yes	No
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days	Yes	No
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day	Yes	No
62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	Yes	No
62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	Yes	No
62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	Yes	No
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	No
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	No
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	No
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	No
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	No
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	No
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	No
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64479	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	Yes	No
64480	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Yes	No



CPT® Code	CPT® Code Description	Utilization Management	Claims Management
64483	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	Yes	No
64484	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
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; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
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; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Yes	No
64492	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	No
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; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
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; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Yes	No
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Yes	No
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	Yes	No
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes	No
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	No
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes	No
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	No
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	No
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	No
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	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	No
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	No
0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	No
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	No
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	Yes	No
M0076	Prolotherapy	Yes	No

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## Security Health Plan Physical Therapy & Occupational Therapy Code List

CPT® Code	CPT® Code Description
90901	Biofeedback Training By Any Modality
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)
95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side
95992	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day
97010	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs
97012	Application Of A Modality To 1 Or More Areas; Traction, Mechanical
97014	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)
97016	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices
97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath
97022	Application Of A Modality To 1 Or More Areas; Whirlpool
97024	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)
97026	Application Of A Modality To 1 Or More Areas; Infrared- <b>Not Allowed for Medicare Members</b>
97028	Application Of A Modality To 1 Or More Areas; Ultraviolet
97032	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes
97033	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes
97034	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes
97035	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes
97036	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)
97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility
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
97113	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises
97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)

<b>CPT® Code</b>	<b>CPT® Code Description</b>
<b>97124</b>	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion)
<b>97129</b>	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
<b>97130</b>	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
<b>97139</b>	Unlisted Therapeutic Procedure (Specify)
<b>97140</b>	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes
<b>97150</b>	Therapeutic Procedure(S), Group (2 Or More Individuals)
<b>97530</b>	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes
<b>97533</b>	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes
<b>97535</b>	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
<b>97537</b>	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
<b>97542</b>	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes
<b>97545</b>	Work Hardening /Conditioning; Initial 2 Hours
<b>97546</b>	Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)
<b>97597</b>	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
<b>97598</b>	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)
<b>97605</b>	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
<b>97606</b>	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
<b>97750</b>	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes
<b>97755</b>	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
<b>97760</b>	Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(ies), Lower Extremity(ies) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes
<b>97761</b>	Prosthetic(S) Training, Upper And/Or Lower Extremity(ies), Initial Prosthetic(S) Encounter, Each 15 Minutes
<b>97763</b>	Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(ies), Lower Extremity(ies), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes

<b>CPT® Code</b>	<b>CPT® Code Description</b>
<b>97799</b>	Unlisted Physical Medicine/Rehabilitation Service Or Procedure
<b>97602</b>	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
<b>G0151</b>	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes
<b>G0152</b>	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes
<b>G0157</b>	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes
<b>G0158</b>	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes
<b>G0159</b>	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
<b>G0160</b>	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
<b>G0281</b>	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.
<b>G0282</b>	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281
<b>G0283</b>	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care
<b>G0329</b>	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

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## Security Health Plan Speech Therapy Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
31575	Laryngoscopy, Flexible Fiberoptic; Diagnostic	Yes	Yes
31579	Laryngoscopy, Flexible Or Rigid Fiberoptic, With Stroboscopy	Yes	Yes
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual	Yes	Yes
92508	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals	Yes	Yes
92511	Nasopharyngoscopy With Endoscope (Separate Procedure)	Yes	Yes
92520	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	Yes	Yes
92526	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	Yes	Yes
92597	Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech	Yes	Yes
92605	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	Yes	Yes
92606	Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification	Yes	Yes
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	Yes	Yes
92608	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes
92609	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification	Yes	Yes
92610	Evaluation Of Oral And Pharyngeal Swallowing Function	Yes	Yes
92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	Yes	Yes
92612	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording;	Yes	Yes

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
92613	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92614	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording;	Yes	Yes
92615	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92616	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording;	Yes	Yes
92617	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only	Yes	Yes
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes
92626	Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Yes	Yes
92627	Evaluation of auditory function rehabilitationstatus for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Yes	Yes
92630	Auditory Rehabilitation; Prelingual Hearing Loss	Yes	Yes
92633	Auditory Rehabilitation; Postlingual Hearing Loss	Yes	Yes
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, Per Hour	Yes	Yes
96110	Developmental Screening (Eg, Developmental Milestone Survey, Speech And Language Delay Screen), With Scoring And Documentation, Per Standardized Instrument	Yes	Yes
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Yes	Yes
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	Yes
96125	Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Qualified Health Care Professional's Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report	Yes	Yes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes.	Yes	Yes
G0451	Development testing, with interpretation and report, per standardized instrument form	Yes	Yes
S9152	Speech therapy, re-evaluation	Yes	Yes



CPT® Code	CPT® Code Description	Utilization Management	Claims Management
<b>G0161</b>	Hhc Slp Ea 15 Min	No	Yes
<b>S9128</b>	Speech Therapy, In The Home,	No	Yes

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## Security Health Plan Spine Surgery Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	No
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	No
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	No
20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)	Yes	No
27278	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
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Yes	No
22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes	No
22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes	No
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	No
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	No
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	No
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	No
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophylectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	Yes	No
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	No
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Yes	No
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No
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	No
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	No
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Yes	No
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Yes	No
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	No
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	No
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	No
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Yes	No
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes	No
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Yes	No
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22853	Insertion Of Interbody 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 Performed, To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis, Each Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete) Defect, In Conjunction With Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)	Yes	No
22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical	Yes	No
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Yes	No
22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No
22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary Procedure)	Yes	No
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Yes	No
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	No
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Yes	No
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Yes	No
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	Yes	No
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	No
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar	Yes	No
63001	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	No
63005	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 Spondylolisthesis	Yes	No
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	Yes	No
63015	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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
63017	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	No
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	Yes	No
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Yes	No
63035	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	No
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical	Yes	No
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar	Yes	No
63043	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	No
63044	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	No
63045	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	No
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar	Yes	No
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	No
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments	Yes	No
63051	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	No
63052	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	No
63053	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	No
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)	Yes	No
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment	Yes	No
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	Yes	No
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No
0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure)	Yes	No
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach,Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificialdisc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral, cervical or thoracic	Yes	No
0275T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar	Yes	No
E0749	Osteogenesis Stimulator; Electrical, Surgically Implanted - <b>Out of Scope for Medicaid</b>	Yes	No

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## Security Health Plan Sleep Therapy Code List

CPT® Code	CPT® Code Description
<b>95782</b>	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
<b>95783</b>	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist
<b>95800</b>	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
<b>95801</b>	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
<b>95803</b>	Actigraphy
<b>95805</b>	Multiple Sleep Latency Test Or Maintenance Of Wakefulness Test
<b>95806</b>	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort (E.G. Thoracoabdominal Movement)
<b>95807</b>	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, ECG Or Heart Rate, And Oxygen Saturation, Attended By A Technologist
<b>95808</b>	Polysomnography, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist
<b>95810</b>	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
<b>95811</b>	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep For PAP Titration, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist
<b>G0398</b>	Home Sleep Study Test (Hst) With Type Ii Portable Monitor, Unattended; Minimum Of 7 Channels Including: Eeg, Eog, Emg, Respiratory Movement, Airflow, Ecg/Heart Rate And Oxygen Saturation
<b>G0399</b>	Home Sleep Study Test (Hst) With Type Iii Portable Monitor, Unattended; Minimum Of 4 Channels: 2 Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation
<b>G0400</b>	Home Sleep Study Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels
<b>K1027</b>	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment
<b>K1028</b>	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
<b>K1029</b>	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply

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