

Excellus
Cardiology and Radiology Code List

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

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CARDIAC IMPLANTABLES	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33264	Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Investigational	Investigational	Investigational	
CID	64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCANS	70450	CT of the head or brain w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70460	CT of the head or brain w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70470	CT of the head or brain w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70480	CT orbit , sella, posterior fossa outer, middle or inner ear w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70481	CT orbit , sella, posterior fossa outer, middle or inner ear w/contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70482	CT orbit , sella, posterior fossa outer, middle or inner ear w/ and w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70486	CT maxillofacial area including paranasal sinuses w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70487	CT maxillofacial area including paranasal sinuses w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70488	CT maxillofacial area including paranasal sinuses w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70490	CT soft tissue neck w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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CT SCAN	70491	CT soft tissue neck w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70492	CT soft tissue neck w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70540	MRI orbit, face, neck w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70542	MRI orbit, face, neck w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70543	MRI orbit, face, neck w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70544	MRA or mrv of the brain w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70545	MRA or mrv of the brain w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70546	MRA or mrv of the brain w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70547	MRA or mrv carotid and vertebral arteries w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70548	MRA or mrv carotid and vertebral arteries w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70549	MRA or mrv carotid and vertebral arteries w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70551	MRI of the brain w/out gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70552	MRI head w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70553	MRI head w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70554	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70555	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71250	C T Thorax, Diagnostic; Without Contrast Material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71260	C T Thorax, Diagnostic; With Contrast Material(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71270	C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71275	CTA chest	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71550	MRI of the chest w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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MRI	71551	MRI of the chest w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	71552	MRI of the chest w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	71555	MRA or mrv chest w/o or w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72125	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72126	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72127	CT cervical spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72128	CT cervical spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72129	CT of the thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72130	CT of the thoracic spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72131	CT of the lumabr spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72132	CT of the lumbar spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72133	CT of the lumbar spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72141	MRI cervical spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72142	MRI of the cervical spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72146	MRI thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72147	MRI thoracic spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72148	MRI lumbar spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72149	MRI lumbar spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72156	MRI of the cervical spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72157	MRI thoracic spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72158	MRI lumbar spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	72159	MRA of the spinal canal	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72192	CT of the pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72193	CT of the pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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CT SCAN	72194	CT of the pelvis w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72195	MRI of the pelvis w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72196	MRI of the pelvis w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72197	MRI of the pelvis w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	72198	MRA, Pelvis, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73200	CT of the upper extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73201	CT of the upper extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73202	CT of the upper extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73206	CT Angiography, UpprExtrem, W/O Contrast Matl(S), Followed By Contrast Matl(S), W/Image Post-Proc	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73218	MRI upper extremity other than joint including hand w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73219	MRI upper extremity other than joint including hand w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73220	MRI upper extremity other than joint including hand w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73221	MRI upper extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73222	MRI upper extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73223	MRI upper extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	73225	MRA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73700	CT lower extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73701	CT lower extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73702	CT lower extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73706	CT Angiography, Lower Extremity, W/O Contrast Matl(S), Followed ContrstMatl(S), W/Imag Post-Pr0cess	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73718	MRI lower extremity other than joints w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73719	MRI lower extremity other than joints w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73720	MRI lower extremity other than joints w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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MRI	73721	MRI lower extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73722	MRI lower extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73723	MRI lower extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	73725	MRA, Lower Extremity, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74150	CT abdomen w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74160	CT abdomen w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74170	CT abdomen w/ & w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74176	CT abdomen and pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74177	CT abdomen and pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74178	CT abdomen one or both body regions w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74181	MRI of the abdomen w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74182	MRI of the abdomen w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74183	MRI of the abdomen w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	74185	MRA, Abdomen, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74712	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74713	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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MRI	75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CMRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CCTA	75571	Coronary artery calcium scoring	PA Medical Necessity Review	PA Medical Necessity Review	Not Covered	
CCTA	75572	CT heart structure and morphology with contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CCTA	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CCTA	75574	CTA coronary arteries and structure and morphology w/function and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CCTA	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
3DI	76376	3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation	Excluded from program	Excluded from program	Excluded from program	

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3DI	76377	3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	76380	CT Scan, Limited/Localized Follow-Up Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	76390	MR Spectroscopy	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	76497	Unlisted computed tomography procedure	Redirect to valid code	Redirect to valid code	Redirect to valid code	
MRI	76498	Unlisted MRI procedure	Redirect to valid code	Redirect to valid code	Redirect to valid code	
ULTRASOUND	76801	Ultrasound first trimester (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76802	Ultrasound first trimester, each additional gestation (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76805	Ultrasound after first trimester	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76810	Ultrasound after first trimester, each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76811	High risk fetal anatomy ultrasound single gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76812	Ultrasound detailed fetal, each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76813	Ultrasound, pregnant uterus, real time with image documentation single or first gestation, nuchal translucency measurement	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76814	Ultrasound, pregnant uterus, real time with image documentation, nuchal translucency measurement each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76815	Follow-up OB ultrasound (one or more gestations) after 14 weeks	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76816	Follow up OB ultrasound (one for each gestation)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76817	Ob ultrasound transvaginal	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76818	Biophysical profile w/ non-stress testing	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76819	Biophysical profile w/o non-stress testing	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76820	Doppler velocimetry umbilical arteries	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76821	Doppler velocimetry middle cerebral arteries	Excluded from program	Excluded from program	Excluded from program	

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ULTRASOUND	76825	Fetal echocardiography	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76826	Fetal echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76827	Fetal doppler echocardiography	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76828	Fetal doppler echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76975	Gastrointestinal endoscopic ultrasound	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77011	CT for stereotactic localization	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77012	CT guidance for needle placement	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77013	CT guidance for procedures for ablation	Excluded from program	Excluded from program	Excluded from program	
MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Excluded from program	Excluded from program	Excluded from program	
DRAD	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78135	Red cell survival differential	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78191	Platelet survival study only	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78270	Schilling test	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78271	B-12 absorption with intrinsic factor	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78414	Central c-v hemodynamics (non-imaging) single or multiple	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78428	Cardiac shunt detection	Excluded from program	Excluded from program	Excluded from program	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Redirect to CPT codes 78491, 78492, 78431, 78432	Redirect to CPT codes 78491, 78492, 78431, 78432	Redirect to CPT codes 78491, 78492, 78431, 78432	
NUC MED	78451	Myocardial perfusion imaging with spect-single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78452	Myocardial perfusion imaging with spect-multiple studies	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78453	Myocardial perfusion imaging, planar rest or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78454	Myocardial perfusion imaging, planar rest and/or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
PET SCANS	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC CARD	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
NUC MED	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78481	Planar first pass cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
NUC MED	78483	Planar first pass multiple cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
PET SCANS	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
PET SCANS	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
NUC MED	78494	Spect equilibrium cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
NUC MED	78496	Spect equilibrium multiple cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
PET SCANS	78608	Brain PET metabolic	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78609	Brain PET perfusion	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
NUC MED	78647	Csf flow spect	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78704	Kidney imaging with function study (imaging renogram)	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
PET SCANS	78811	PET limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78812	PET skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78813	PET whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78814	PET/ CT limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78815	PET/ CT skull base to mid thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78816	PET/ CT whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
NUC MED	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
ECHO	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Out of Scope	Out of Scope	Out of Scope	
ECHO	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report	Out of Scope	Out of Scope	Out of Scope	
ECHO	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Out of Scope	Out of Scope	Out of Scope	
ECHO	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete	Excluded from program	Excluded from program	Excluded from program	
ECHO	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study	Excluded from program	Excluded from program	Excluded from program	
ECHO	93325	Doppler echocardiography color flow velocity mapping	Excluded from program	Excluded from program	Excluded from program	
ECHO	93350	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), With Or Without M-Mode Recording, During Rest And Cardiovascular Stress Test, With Interpretation And Report	Excluded from program	Excluded from program	Excluded from program	
ECHO	93351	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report; Including Performance Of Continuous Electrocardiographic Monitoring, With Supervision By A Physician Or Other Qualified Health Care Professional.	Excluded from program	Excluded from program	Excluded from program	
ECHO	93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC CATH	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
T-CODES	0042T	CT perfusion brain	Excluded from program	Excluded from program	Excluded from program	
NUC CARD	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational	Investigational	Investigational	
NUC CARD	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Investigational	Investigational	Investigational	
CCTA	0501T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program	
CCTA	0502T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Excluded from program	Excluded from program	Excluded from program	
CCTA	0503T	Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Excluded from program	Excluded from program	Excluded from program	
CCTA	0504T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program	
CARDIAC IMPLANTABLES	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Investigational	Investigational	Investigational	
MR	0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For orithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CRID	0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	0633T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast Material	Investigational	Investigational	Investigational	
CT SCAN	0634T	C T Breast, Including 3d Rendering, When Performed, Unilateral; With Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0635T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0636T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0637T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0638T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational	
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	

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

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	0802T	Transcatheter removal and replacement of right atrial pacemaker component	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0803T	Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	Redirects to CPT Codes 70551-70553	Redirects to CPT Codes 70551-70553	Redirects to CPT Codes 70551-70553	
CARDIAC IMPLANTABLES	0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	IUE	IUE	IUE	
CARDIAC IMPLANTABLES	0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	IUE	IUE	IUE	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	IUE	IUE	IUE	
CARDIAC IMPLANTABLES	0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	IUE	IUE	IUE	
CRID	C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Redirect to CPT 33206, 33225	Redirect to CPT 33206, 33225	Redirect to CPT 33206, 33225	
CRID	C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	
CRID	C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	
CRID	C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	Redirect to CPT 33207, 33225	
MRA	C8900	Magnetic resonance angiography with contrast, abdomen	Redirect to CPT 74185	Redirect to CPT 74185	Redirect to CPT 74185	
MRA	C8901	Magnetic resonance angiography without contrast, abdomen	Redirect to CPT 74185	Redirect to CPT 74185	Redirect to CPT 74185	
MRA	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Redirect to CPT 74185	Redirect to CPT 74185	Redirect to CPT 74185	
MRI	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Redirect to CPT 71555	Redirect to CPT 71555	Redirect to CPT 71555	
MRI	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Redirect to CPT 71555	Redirect to CPT 71555	Redirect to CPT 71555	
MRI	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Redirect to CPT 71555	Redirect to CPT 71555	Redirect to CPT 71555	
MRI	C8912	Magnetic resonance angiography with contrast, lower extremity	Redirect to CPT 73725	Redirect to CPT 73725	Redirect to CPT 73725	
MRA	C8913	Magnetic resonance angiography without contrast, lower extremity	Redirect to CPT 73725	Redirect to CPT 73725	Redirect to CPT 73725	
MRA	C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Redirect to CPT 73725	Redirect to CPT 73725	Redirect to CPT 73725	
MRA	C8918	Magnetic resonance angiography with contrast, pelvis	Redirect to CPT 72198	Redirect to CPT 72198	Redirect to CPT 72198	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
MRA	C8919	Magnetic resonance angiography without contrast, pelvis	Redirect to CPT 72198	Redirect to CPT 72198	Redirect to CPT 72198	
MRA	C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Redirect to CPT 72198	Redirect to CPT 72198	Redirect to CPT 72198	
ECHO	C8921	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	C8922	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	C8923	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	C8924	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	C8925	Transesophageal Echo (TEE)	Out of Scope	Out of Scope	Out of Scope	
ECHO	C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Out of Scope	Out of Scope	Out of Scope	
C-CODES	C8928	Transthoracic Echocardiography W/Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/Interpretation And Report	Excluded from program	Excluded from program	Excluded from program	
ECHO	C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Out of Scope	Out of Scope	Out of Scope	
C-CODES	C8930	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time W/Image Documentation (2d), W/Wo M-Mode Recording, During Rest And Cardiovascular Stress Test, W/ Interpretation And Report Including Performance Of Continuous Electrocardiographic Monitoring, With Interpretation.	Excluded from program	Excluded from program	Excluded from program	
C-CODES	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Redirects to 72159	Redirects to 72159	Redirects to 72159	
C-CODES	C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Redirects to 72159	Redirects to 72159	Redirects to 72159	
C-CODES	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Redirects to 72159	Redirects to 72159	Redirects to 72159	
C-CODES	C8934	Magnetic resonance angiography with contrast, upper extremity	Redirects to 73225	Redirects to 73225	Redirects to 73225	
C-CODES	C8935	Magnetic resonance angiography without contrast, upper extremity	Redirects to 73225	Redirects to 73225	Redirects to 73225	
C-CODES	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Redirects to 73225	Redirects to 73225	Redirects to 73225	
RADIOLOGY	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Investigational	Investigational	Investigational	
G-CODES	G0219	PET imaging whole body; melanoma for non-covered indications	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
G-CODES	G0235	Pet imaging any site not otherwise specified	Redirect to valid code	Redirect to valid code	Redirect to valid code	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
G-CODES	G0252	Pet imaging full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes)	Redirect to CPT codes 78811-78816	Redirect to CPT codes 78811-78816	Redirect to CPT codes 78811-78816	
S-CODES	S8037	MRCP	Redirect to 74183	Redirect to 74183	Redirect to 74183	
S-CODES	S8042	MRI low field	Redirect to 72195, 72196, or 72197	Redirect to 72195, 72196, or 72197	Redirect to 72195, 72196, or 72197	
S-CODES	S8080	Scintimammography	Excluded from program	Excluded from program	Excluded from program	
S-CODES	S8085	Fdg (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
S-CODES	S8092	Electron beam computed tomography (also known as ultrafast ct, cinet)	Investigational	Investigational	Investigational	

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