

## Horizon Cardiology and Radiology Code List

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33206</b>	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33207</b>	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33208</b>	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33212</b>	Insertion or replacement of permanent pacemaker pulse generator only; single chamber, atrial or ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33213</b>	Insertion or replacement of permanent pacemaker pulse generator only; dual chamber	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33214</b>	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33221</b>	Insertion of pacemaker pulse generator only; with existing multiple leads	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33224</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33225</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary procedure)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33227</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33228</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33229</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33230</b>	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33231</b>	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33249</b>	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	Excluded from Program	Excluded from Program

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CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33262</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33263</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33264</b>	Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	<b>33270</b>	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	<b>70336</b>	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70470</b>	CT of the head or brain without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70480</b>	CT orbit , sella, posterior fossa outer, middle or inner ear without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70481</b>	CT orbit , sella, posterior fossa outer, middle or inner ear with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70482</b>	CT orbit , sella, posterior fossa outer, middle or inner ear with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70486</b>	CT maxillofacial area including paranasal sinuses without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70487</b>	CT maxillofacial area including paranasal sinuses with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70488</b>	CT maxillofacial area including paranasal sinuses without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70490</b>	CT soft tissue neck without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70491</b>	CT soft tissue neck with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70492</b>	CT soft tissue neck without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70496</b>	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>70498</b>	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70540</b>	MRI orbit, face, neck without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70542</b>	MRI orbit, face, neck with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70543</b>	MRI orbit, face, neck with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>70544</b>	MRA or MRV of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>70545</b>	MRA or MRV of the brain with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>70546</b>	MRA or MRV of the brain without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	MRA	<b>70547</b>	MRA or MRV carotid and vertebral arteries without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>70548</b>	MRA or MRV carotid and vertebral arteries with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>70549</b>	MRA or MRV carotid and vertebral arteries without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70551</b>	MRI of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70552</b>	MRI head with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70553</b>	MRI head with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70554</b>	Functional MRI of the brain without physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>70555</b>	Functional MRI of the brain with physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>71250</b>	CT thorax, diagnostic; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>71260</b>	CT thorax, diagnostic; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>71270</b>	CT thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	CT	<b>71271</b>	CT Chest, low dose for lung cancer screening, without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>71275</b>	CT angiography chest, non-coronary	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>71550</b>	MRI chest without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>71551</b>	MRI chest with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>71552</b>	MRI chest with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>71555</b>	MRA chest (exc myocardium) with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72125</b>	CT c spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72126</b>	CT c spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72127</b>	CT c spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72128</b>	CT t spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72129</b>	CT t spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72130</b>	CT t spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72131</b>	CT l spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	CT SCANS	<b>72132</b>	CT l spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72133</b>	CT l spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72141</b>	MRI cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72142</b>	MRI cervical spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72146</b>	MRI thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72147</b>	MRI thoracic spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72148</b>	MRI lumbar spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72149</b>	MRI lumbar spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72156</b>	MRI c spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72157</b>	MRI t spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72158</b>	MRI l spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>72159</b>	MRA spinal canal with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72191</b>	CT angiography pelvis	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72192</b>	CT pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72193</b>	CT pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>72194</b>	CT pelvis without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72195</b>	MRI pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72196</b>	MRI pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>72197</b>	MRI pelvis with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>72198</b>	MRA pelvis with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73200</b>	CT upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73201</b>	CT upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73202</b>	CT upper extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73206</b>	CT angiography upper extremity	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	MRI	<b>73218</b>	MRI upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73219</b>	MRI upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73220</b>	MRI upper extremity with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73221</b>	MRI upper extremity joint without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73222</b>	MRI upper extremity joint with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73223</b>	MRI upper extremity joint with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>73225</b>	MRA upper extremity with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73700</b>	CT lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73701</b>	CT lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73702</b>	CT lower extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>73706</b>	CT angiography lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73718</b>	MRI lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73719</b>	MRI lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73720</b>	MRI lower extremity with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73721</b>	MRI lower extremity joint without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73722</b>	MRI lower extremity joint with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>73723</b>	MRI lower extremity joint with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>73725</b>	MRA lower extremity with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74150</b>	CT abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74160</b>	CT abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74170</b>	CT abdomen without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74174</b>	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74175</b>	CT angiography abdomen	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	CT SCANS	<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>74181</b>	MRI abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>74182</b>	MRI abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>74183</b>	MRI abdomen with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	<b>74185</b>	MRA abdomen with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>74262</b>	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
RADIOLOGY	CT SCANS	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>74712</b>	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
RADIOLOGY	MRI	<b>74713</b>	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
RADIOLOGY	MRI	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast; with stress imaging	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>75561</b>	Cardiac magnetic resonance imaging for morphology and function without contrast , followed by contrast material and further sequences	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	<b>75561</b>	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
RADIOLOGY	MRI	<b>75563</b>	Cardiac magnetic resonance imaging for morphology and function without contrast, followed by contrast material and further sequences; with stress imaging	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)

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CARDIOLOGY	MRI	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	MRI	75565	Cardiac MRI for velocity flow mapping (list separately in addition to code for primary procedure)	Redirect to valid code	Redirect to valid code
CARDIOLOGY	CT SCANS	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75571	Coronary artery calcium scoring	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	CT SCANS	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75572	CT heart structure and morphology with contrast	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	CT SCANS	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	75574	CTA coronary arteries and structure and morphology with function and with contrast	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	CCTA	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional		
RADIOLOGY	CT SCANS	75635	CT angiography abdominal aorta	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	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 workstation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	3D IMAGING	<b>76377</b>	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>76380</b>	CT limited or localized follow-up study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>76390</b>	MRI SPECTroscopy	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>76391</b>	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>76497</b>	Unlisted CT procedure	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>76498</b>	Unlisted MRI procedure	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>76499</b>	Unlisted radiologic procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	ULTRASOUND	<b>76801</b>	U/s ob pelvis, pregnant uterus, first trimester <14 weeks single or first gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76802</b>	U/s ob pelvis, pregnant uterus, first trimester <14 weeks each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76805</b>	U/s ob pelvis, pregnant uterus, b-scan	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76810</b>	U/s ob pelvis complete, multiple gestation after 1st trimester	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76811</b>	Us pregnant uterus fetal and maternal eval plus fetal anatomic eval transabdominal single or first gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76812</b>	Us pregnant uterus fetal and maternal eval plus fetal anatomic eval transabdominal each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76813</b>	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation.	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76814</b>	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76815</b>	U/s pregnant uterus, real time with image documentation, limited (e.g. fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76816</b>	U/s ob pelvis follow up or repeat	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76817</b>	Us pregnant uterus transvaginal	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76818</b>	Fetal biophysical profile	Excluded from Program	Excluded from Program

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RADIOLOGY	ULTRASOUND	<b>76819</b>	Fetal biophysical profile without stress non stress	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76820</b>	Doppler velocimetry, fetal; umbilical artery	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76821</b>	Doppler velocimetry, fetal; middle cerebral artery	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76825</b>	U/s ob echocardiography, fetal, cardiovascular system	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76826</b>	Follow up or repeat study	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76827</b>	Doppler echocardiography fetal complete	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76828</b>	Follow up or repeat study	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76975</b>	U/s gastrointestinal, endoscopic	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76978</b>	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	<b>76979</b>	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
RADIOLOGY	CT SCANS	<b>77011</b>	CT guidance stereotactic localization	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	<b>77012</b>	CT guidance needle bx-rad s and i	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	<b>77013</b>	CT guidance for and monitoring of tissue ablation	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	<b>77014</b>	CT guidance for placement of radiation therapy fields	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	<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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>77022</b>	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	<b>77078</b>	CT bone density study, axial skeleton	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	<b>77084</b>	MRI bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	<b>78000</b>	Thyroid uptake; single determination	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78001</b>	Thyroid uptake; multiple determinations	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78003</b>	Thyroid uptake stimulation, suppression or discharge (not including initial uptake studies)	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78006</b>	Thyroid imaging, with uptake; single determination	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78007</b>	Thyroid imaging, multiple determinations	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78010</b>	Thyroid imaging; only	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78011</b>	Thyroid imaging; with vascular flow	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78012</b>	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78013</b>	Thyroid imaging (including vascular flow, when performed);	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78014</b>	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78015</b>	Thyroid met imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78016</b>	Thyroid met imaging with additional studies	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78018</b>	Thyroid scan whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78020</b>	Thyroid carcinoma metastases uptake	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78070</b>	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78071</b>	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78072</b>	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78075</b>	Adrenal nuclear imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78099</b>	Unlisted endocrine procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78102</b>	Bone marrow imaging, limited	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78103</b>	Bone marrow imaging, multiple	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78104</b>	Bone marrow imaging, whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78185</b>	Spleen imaging with/without vascular flow	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	<b>78195</b>	Lymph system imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78199</b>	Unlisted hematopoetic procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78201</b>	Liver imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78202</b>	Liver imaging w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78215</b>	Liver and spleen imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78216</b>	Liver and spleen imaging w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78226</b>	Hepatobiliary system imaging, including gallbladder when present	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78227</b>	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78230</b>	Salivary gland imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78231</b>	Serial salivary gland	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78232</b>	Salivary gland function test	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78258</b>	Esophagus motility study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78261</b>	Gastric mucosa imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78262</b>	Gastroesophagael reflux exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78264</b>	Gastric emptying imaging study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78265</b>	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78266</b>	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit, multiple days	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78270</b>	Schilling test	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	<b>78271</b>	B-12 absorption with intrinsic factor	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	<b>78278</b>	Gi bleeder scan	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78282</b>	Gi protein loss exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78290</b>	Meckel's diverticulum imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78291</b>	Leveen shunt patency exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78299</b>	Unlisted gastrointestinal procedure	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	<b>78300</b>	Bone or joint imaging LTD	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78305</b>	Bone or joint imaging multiple	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78306</b>	Bone scan whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78315</b>	Bone and/or joint imaging; 3 phase study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78399</b>	Unlisted musculoskeletal procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78414</b>	Non-imaging heart function	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78428</b>	Cardiac shunt imaging	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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);	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78445</b>	Radionuclide venogram non-cardiac	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78451</b>	Mpi, SPECT, single rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	<b>78451</b>	Myocardial perfusion imaging, tomographic (SPECT) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78452	Mpi, SPECT, multiple, rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR STRESS	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)	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78453	Mpi, planar, single rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78454	Mpi, planar, multiple, rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
RADIOLOGY	NUCLEAR MED	78456	Acute venous thrombosis imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78457	Venous thrombosis imaging unilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78458	Venous thrombosis imaging bilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78459	Myocardial imaging, positron emission tomography (PET) metabolic eval.	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78466	Myocardial infarction scan	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78468	Heart infarct image ef	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78469	Heart infarct image SPECT	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78472	Gated cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78472	Gated heart, rest or stress	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78473	Gated multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78473	Cardiac blood pool muga scan	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78481	Planar first pass cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78481	Heart first pass single	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78483	Planar first pass multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78483	Cardiac blood pool imaging, multi	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78494	SPECT equilibrium cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78494	Cardiac blood pool imaging, SPECT	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78496	SPECT equilibrium multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	<b>78496</b>	Cardiac blood pool imaging, single at rest	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78499</b>	Unlisted cardiovascular procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78579</b>	Pulmonary ventilation imaging (eg, aerosol or gas)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78580</b>	Pulmonary perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78582</b>	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78597</b>	Quantitative differential pulmonary perfusion, including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78598</b>	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78599</b>	Unlisted respiratory procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78600</b>	Brain imaging LTD static	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78601</b>	Brain LTD imaging and flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78605</b>	Brain imaging complete	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78606</b>	Brain imaging complete w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78608</b>	Brain imaging, positron emission tomography (PET) metabolic evaluation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78609</b>	Brain imaging, positron emission tomography (PET) , perfusion evaluation	PA Medical Necessity Review	Not covered
RADIOLOGY	NUCLEAR MED	<b>78610</b>	Brain flow imaging only	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78630</b>	Cisternogram (cerebrospinal fluid flow)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78635</b>	Cerebrospinal ventriculography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78645</b>	Csf shunt evaluation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78650</b>	Csf leakage detection and localization	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78660</b>	Radiopharmaceutical dacryocystorgraphy	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78699</b>	Unlisted nuclear medicine procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78700</b>	Kidney imaging morphology	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78701</b>	Kidney imaging morphology w vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78704</b>	Kidney imaging with function study (imaging renogram)	Excluded from Program	Excluded from Program

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	<b>78707</b>	Kidney imaging morphology w vascular flow and function study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78708</b>	Kidney imaging morphology w vascular flow and function, single w pharm intervention	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78709</b>	Kidney imaging morphology w vascular flow, multi, without and w pharm intervention	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78725</b>	Kidney function study, non-image radioisotropic	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78730</b>	Urinary bladder residual study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78740</b>	Ureteral reflux study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78761</b>	Testicular imaging w vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78799</b>	Unlisted genitourinary procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	<b>78800</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78801</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78802</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78803</b>	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), single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	<b>78804</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78813</b>	Positron emission tomography (PET) imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg chest, head/neck)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	PET SCANS	78816	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78999	Unlisted misc.procedure diagnostic nuclear med	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with Spectral doppler echocardiography, and with color flow doppler echocardiography	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study	PA Medical Necessity Review	PA Medical Necessity Review
Cardiology	ECHO	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging <b>Effective 01/06/22</b> )	Investigational	Investigational
CARDIOLOGY	ECHOCARDIOGRAPHY	93320	Doppler echocardiography, pulsed wave and/or continuous wave with Spectral display; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93321	Doppler echocardiography, pulsed wave and/or continuous wave with Spectral display; follow-up or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93325	Doppler echocardiography color flow velocity mapping	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHO STRESS	93350	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIOLOGY	ECHO STRESS	<b>93351</b>	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional.	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93452</b>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93454</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93455</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93456</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93457</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93458</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93459</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93460</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	<b>93461</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	T-CODES	<b>0042T</b>	CT perfusion brain	Excluded from Program	Excluded from Program

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
	CID	<b>0515T</b>	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])	Not Covered	Not Covered
	CID	<b>0516T</b>	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Not Covered	Not Covered
	CID	<b>0517T</b>	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Not Covered	Not Covered
	CID	<b>0519T</b>	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Not Covered	Not Covered
	CID	<b>0520T</b>	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Not Covered	Not Covered
RADIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MR	<b>0610T</b>	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
RADIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MR	<b>0612T</b>	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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. Effective 8/15/2021 AMA Additions	Investigational	Investigational
Radiology	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). Effective 8/15/2021 AMA Additions	Investigational	Investigational
Radiology	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 <b>Effective 01/06/22</b>	Investigational	Investigational
Radiology	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 ) <b>Effective 01/06/22</b>	Investigational	Investigational

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Radiology	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 <b>Effective 01/06/22</b>	Investigational	Investigational
Radiology	CT (CTA)	<b>0711T</b>	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission <b>Effective 01/06/22</b>	Investigational	Investigational
Radiology	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 <b>Effective 01/06/22</b>	Investigational	Investigational
Radiology	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 <b>Effective 01/06/22</b>	Investigational	Investigational
Nuclear Cardiology	NUC CARD	<b>0742T</b>	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	Investigational
RADIOLOGY	MRI	<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)		
RADIOLOGY	C-CODES	<b>C8900</b>	MRA with contrast, abdomen	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8901</b>	MRA without contrast, abdomen	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8902</b>	MRA with and without contrast, abdomen	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8903</b>	MRI with contrast, breast; unilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8905</b>	MRI with and without contrast, breast; unilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8906</b>	MRI with contrast, breast; bilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8908</b>	MRI with and without contrast, breast; bilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8909</b>	MRA with contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8910</b>	MRA without contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8911</b>	MRA with and without contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8912</b>	MRA with contrast, lower extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8913</b>	MRA without contrast, lower extremity	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	C-CODES	<b>C8914</b>	MRA with and without contrast, lower extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8918</b>	MRA with contrast, pelvis	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8919</b>	MRA without contrast, pelvis	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8920</b>	MRA with and without contrast, pelvis	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8921</b>	Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8922</b>	Transthoracic echocardiography with contrast for congenital cardiac anomalies; f/u or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8923</b>	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8924</b>	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording; f/u or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8928</b>	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8929</b>	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	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	<b>C8930</b>	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, 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 physician supervision	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8931</b>	Magnetic resonance angiography with contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8932</b>	Magnetic resonance angiography without contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8933</b>	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8934</b>	Magnetic resonance angiography with contrast, upper extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8935</b>	Magnetic resonance angiography without contrast, upper extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	<b>C8936</b>	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Redirect to valid code	Redirect to valid code
CARDIOLOGY	MR	<b>C9762</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	MR	<b>C9763</b>	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	<b>C9791</b>	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent		

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	G-CODES	<b>G0219</b>	PET imaging whole body; melanoma for non-covered indications	Redirect to valid code	Not covered
RADIOLOGY	G-CODES	<b>G0235</b>	PET imaging, any site, not otherwise specified	Redirect to valid code	Not covered
RADIOLOGY	G-CODES	<b>G0252</b>	PET imaging, full and partial-ring PET scanners only for initial diagnosis of breast cancer and/or surgical planning for breast cancer	Redirect to valid code	Not covered
RADIOLOGY	S-CODES	<b>S8037</b>	Magnetic resonance cholangiopancreatography (MRCP) crosswalk to 74183	Redirect to valid code	Redirect to valid code
RADIOLOGY	S-CODES	<b>S8042</b>	Magnetic resonance imaging (MRI), low-field (crosswalk to any MRI cpt code.)	Redirect to valid code	Redirect to valid code
RADIOLOGY	S-CODES	<b>S8080</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)	Not Covered	Investigational
RADIOLOGY	S-CODES	<b>S8085</b>	Fluorine-18 fluorodeoxyglucose (f-18 FDG) imaging using dual head coincidence detection system. (non-dedicated PET scan)	Investigational	Not covered
RADIOLOGY	S-CODES	<b>S8092</b>	Electron beam computed tomography (also known as ultrafast CT, CINET)	Investigational	Investigational

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