EviCore
By EVERNORTH

TheHealthPlan

The Health Plan
Cardiology and Radiology Code List

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CID	**33206**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Yes	Yes
CID	**33207**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Yes	Yes
CID	**33208**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Yes	Yes
CID	**33212**	Insertion of pacemaker pulse generator only; with existing single lead	Yes	Yes
CID	**33213**	Insertion of pacemaker pulse generator only; with existing dual leads	Yes	Yes
CID	**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)	Yes	Yes
CID	**33221**	Insertion of pacemaker pulse generator only; with existing multiple leads	Yes	Yes
CID	**33224**	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Yes	Yes
CID	**33225**	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)	Yes	Yes
CID	**33227**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Yes	Yes
CID	**33228**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Yes	Yes
CID	**33229**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Yes	Yes
CID	**33230**	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	Yes	Yes
CID	**33231**	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	Yes	Yes
CID	**33240**	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CID	**33249**	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Yes	Yes
CID	**33262**	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system	Yes	Yes
CID	**33263**	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system	Yes	Yes
CID	**33264**	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	Yes	Yes
CID	**33270**	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed - Excluded from Medicare LOB	Yes	Excluded
CID	**33274**	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Yes	Excluded
CID	**33275**	Transcatheter removal of permanent leadless pacemaker, right ventricular	Yes	Excluded
CID	**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	Yes	Yes
MRI	**70336**	M R I T M J	Yes	Yes
CT	**70450**	C T Head Without Contrast	Yes	Yes
CT	**70460**	C T Head With Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CT	**70470**	C T Head Without & With Contrast	Yes	Yes
CT	**70471**	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Yes	Yes
CT	**70472**	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Yes	Yes
CT	**70473**	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Yes	Yes
CT	**70480**	C T Orbit Without Contrast	Yes	Yes
CT	**70481**	C T Orbit With Contrast	Yes	Yes
CT	**70482**	C T Orbit Without & With Contrast	Yes	Yes
CT	**70486**	C T Maxillofacial Without Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CT	**70487**	C T Maxillofacial With Contrast	Yes	Yes
CT	**70488**	C T Maxillofacial Without & With Contrast	Yes	Yes
CT	**70490**	C T Soft Tissue Neck Without Contrast	Yes	Yes
CT	**70491**	C T Soft Tissue Neck With Contrast	Yes	Yes
CT	**70492**	C T Soft Tissue Neck Without & With Contrast	Yes	Yes
CT	**70496**	C T Angiography Head	Yes	Yes
CT	**70498**	C T Angiography Neck	Yes	Yes
MRI	**70540**	M R I Orbit, Face, and/or Neck Without Contrast	Yes	Yes
MRI	**70542**	M R I Face, Orbit, and/or Neck With Contrast	Yes	Yes
MRI	**70543**	M R I Face, Orbit, and/or Neck With & Without Contrast	Yes	Yes
MRA	**70544**	M R A Head Without Contrast	Yes	Yes
MRA	**70545**	M R A Head With Contrast	Yes	Yes
MRA	**70546**	M R A Head With & Without Contrast	Yes	Yes
MRA	**70547**	M R A Neck Without Contrast	Yes	Yes
MRA	**70548**	M R A Neck With Contrast	Yes	Yes
MRA	**70549**	M R A Neck With & Without Contrast	Yes	Yes
MRI	**70551**	M R I Head Without Contrast	Yes	Yes
MRI	**70552**	M R I Head With Contrast	Yes	Yes
MRI	**70553**	M R I Head With & Without Contrast	Yes	Yes
MRI	**70554**	MRI Brain, functional MRI	Yes	Excluded
MRI	**70555**	MRI Brain, functional MRI, requiring physician	Yes	Excluded

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CT	**71250**	Computed tomography, thorax, diagnostic; without contrast material	Yes	Yes
CT	**71260**	Computed tomography, thorax, diagnostic; with contrast material(s)	Yes	Yes
CT	**71270**	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Yes	Yes
CT	**71271**	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes
CT	**71275**	C T Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections,Including Image Postprocessing	Yes	Yes
MRI	**71550**	M R I Chest Without Contrast	Yes	Yes
MRI	**71551**	M R I Chest With Contrast	Yes	Yes
MRI	**71552**	M R I Chest With & Without Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
MRA	**71555**	M R A Chest (Excluding Myocardium) With Or Without Contrast	Yes	Yes
CT	**72125**	C T Cervical Spine Without Contrast	Yes	Yes
CT	**72126**	C T Cervical Spine With Contrast	Yes	Yes
CT	**72127**	C T Cervical Spine Without & With Contrast	Yes	Yes
CT	**72128**	C T Thoracic Spine Without Contrast	Yes	Yes
CT	**72129**	C T Thoracic Spine With Contrast	Yes	Yes
CT	**72130**	C T Thoracic Spine Without & With Contrast	Yes	Yes
CT	**72131**	C T Lumbar Spine Without Contrast	Yes	Yes
CT	**72132**	C T Lumbar Spine With Contrast	Yes	Yes
CT	**72133**	C T Lumbar Spine Without & With Contrast	Yes	Yes
MRI	**72141**	M R I Cervical Spine Without Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
MRI	**72142**	M R I Cervical Spine With Contrast	Yes	Yes
MRI	**72146**	M R I Thoracic Spine Without Contrast	Yes	Yes
MRI	**72147**	M R I Thoracic Spine With Contrast	Yes	Yes
MRI	**72148**	M R I Lumbar Spine Without Contrast	Yes	Yes
MRI	**72149**	M R I Lumbar Spine With Contrast	Yes	Yes
MRI	**72156**	M R I Cervical Spine With & Without Contrast	Yes	Yes
MRI	**72157**	M R I Thoracic Spine With & Without Contrast	Yes	Yes
MRI	**72158**	M R I Lumbar Spine With & Without Contrast	Yes	Yes
MRA	**72159**	M R A Spinal Canal With Or Without Contrast	Yes	Excluded
CT	**72191**	C T Angiography Pelvis	Yes	Yes
CT	**72192**	C T Pelvis Without Contrast	Yes	Yes
CT	**72193**	C T Pelvis With Contrast	Yes	Yes
CT	**72194**	C T Pelvis Without & With Contrast	Yes	Yes
MRI	**72195**	M R I Pelvis Without Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
MRI	**72196**	M R I Pelvis With Contrast	Yes	Yes
MRI	**72197**	M R I Pelvis With & Without Contrast	Yes	Yes
MRA	**72198**	M R A Pelvis With Or Without Contrast	Yes	Yes
CT	**73200**	C T Upper Extremity Without Contrast	Yes	Yes
CT	**73201**	C T Upper Extremity With Contrast	Yes	Yes
CT	**73202**	C T Upper Extremity Without & With Contrast	Yes	Yes
CT	**73206**	C T Angiography Upper Extremity	Yes	Yes
MRI	**73218**	M R I Upper Extremity Without Contrast	Yes	Yes
MRI	**73219**	M R I Upper Extremity With Contrast	Yes	Yes
MRI	**73220**	M R I Upper Extremity With & Without Contrast	Yes	Yes
MRI	**73221**	M R I Upper Extremity Joint Without Contrast	Yes	Yes
MRI	**73222**	M R I Upper Extremity Joint With Contrast	Yes	Yes
MRI	**73223**	M R I Upper Extremity Joint With & Without Contrast	Yes	Yes
MRA	**73225**	M R A Upper Extremity With Or Without Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CT	**73700**	C T Lower Extremity Without Contrast	Yes	Yes
CT	**73701**	C T Lower Extremity With Contrast	Yes	Yes
CT	**73702**	C T Lower Extremity Without & With Contrast	Yes	Yes
CT	**73706**	C T Angiography Lower Extremity	Yes	Yes
MRI	**73718**	M R I Lower Extremity Without Contrast	Yes	Yes
MRI	**73719**	M R I Lower Extremity With Contrast	Yes	Yes
MRI	**73720**	M R I Lower Extremity With & Without Contrast	Yes	Yes
MRI	**73721**	M R I Lower Extremity Joint Without Contrast	Yes	Yes
MRI	**73722**	M R I Lower Extremity Joint With Contrast	Yes	Yes
MRI	**73723**	M R I Lower Extremity Joint With & Without Contrast	Yes	Yes
MRA	**73725**	M R A Lower Extremity With Or Without Contrast	Yes	Yes
CT	**74150**	C T Abdomen Without Contrast	Yes	Yes
CT	**74160**	C T Abdomen With Contrast	Yes	Yes
CT	**74170**	C T Abdomen Without & With Contrast	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CT	**74174**	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes
CT	**74175**	C T Angiography Abdomen	Yes	Yes
CT	**74176**	CT Abdomen And Pelvis Without Contrast	Yes	Yes
CT	**74177**	CT Abdomen And Pelvis With Contrast	Yes	Yes
CT	**74178**	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	Yes	Yes
MRI	**74181**	M R I Abdomen Without Contrast	Yes	Yes
MRI	**74182**	M R I Abdomen With Contrast	Yes	Yes
MRI	**74183**	M R I Abdomen With & Without Contrast	Yes	Yes
MRA	**74185**	M R A Abdomen With Or Without Contrast	Yes	Yes
CT	**74261**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	Yes
CT	**74262**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes	Yes
CT	**74263**	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	Excluded
MRI	**74712**	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes
MRI	**74713**	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CMRI	**75557**	Cardiac magnetic resonance imaging for morphology and function without contrast material	Yes	Yes
CMRI	**75559**	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes
CMRI	**75561**	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes
CMRI	**75563**	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes	Yes
CMRI	**75565**	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	Approvable on Claim if Primary Approved	Approvable on Claim if Primary Approved
CCTA	**75571**	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	Excluded
CCTA	**75572**	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes
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 lv cardiac function, rv structure and function and evaluation of venous structures, if performed)	Yes	Yes
CCTA	**75574**	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes
CCTA	**75577**	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Yes	Yes
CCTA	**75580**	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Yes	Yes
CT	**75635**	C T Angiography Abdominal Aorta	Yes	Yes
3DI	**76376**	3D Rendering W/O Postprocessing	Yes	Excluded

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
3DI	**76377**	3D Rendering W Postprocessing	Yes	Excluded
CT	**76380**	C T Limited Or Localized Follow-Up Study	Yes	Yes
MRI	**76390**	M R I Spectroscopy	Yes	Yes
MRI	**76391**	Magnetic resonance (eg, vibration) elastography	Yes	Yes
CT	**76497**	Unlisted computed tomography procedure	Yes	Yes
MRI	**76498**	Unlisted MRI Procedure	Yes	Yes
MRI	**77021**	M R I Guidance For Needle Placement	Yes	Yes
MRI	**77022**	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	Yes	Yes
BMRI	**77046**	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes
BMRI	**77047**	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes
BMRI	**77048**	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Yes
BMRI	**77049**	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Yes
CT	**77078**	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Yes	Yes
MRI	**77084**	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	Yes
NUC CARD	**78414**	Non-Imaging Heart Function	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
NUC CARD	**78428**	Cardiac Shunt Imaging	Yes	Yes
CPET	**78429**	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes	Yes
CPET	**78430**	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes
CPET	**78431**	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes
CPET	**78432**	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes	Yes
CPET	**78433**	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	Yes
CPET	**78434**	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	Yes
NUC CARD	**78451**	78451 myocardial perfusion imaging, tomographic (spect) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes
NUC CARD	**78452**	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	Yes
NUC CARD	**78453**	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes
NUC CARD	**78454**	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	Yes
CPET	**78459**	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes	Yes
NUC CARD	**78466**	Myocardial Infarction Scan	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
NUC CARD	**78468**	Heart Infarct Image Ejection Fraction	Yes	Yes
NUC CARD	**78469**	Heart Infarct Image 3D SPECT	Yes	Yes
NUC CARD	**78472**	Cardiac Bloodpool Img, Single	Yes	Yes
NUC CARD	**78473**	Cardiac Bloodpool Img, Multi	Yes	Yes
NUC CARD	**78481**	Heart First Pass Single	Yes	Yes
NUC CARD	**78483**	Cardiac Blood Pool Imaging -- Multiple	Yes	Yes
CPET	**78491**	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes
CPET	**78492**	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Yes	Yes
NUC CARD	**78494**	Cardiac Blood Pool Imaging , SPECT	Yes	Yes
NUC CARD	**78496**	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Yes	Yes
NUC CARD	**78499**	Unlisted Cardiovascular Procedure	Yes	Yes
PET	**78608**	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation	Yes	Yes
PET	**78609**	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation	Yes	Yes
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	Yes	Yes
PET	**78811**	PET Imaging; limited area	Yes	Yes
PET	**78812**	PET Imaging: skull base to mid-thigh	Yes	Yes
PET	**78813**	PET Imaging: whole body	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
PETCT	**78814**	PET With Concurrently Acquired Ct; Limited Area	Yes	Yes
PETCT	**78815**	PET With Concurrently Acquired Ct; Skull Base To Mid-Thigh	Yes	Yes
PETCT	**78816**	PET With Concurrently Acquired Ct; Whole Body	Yes	Yes
XSE	**93350**	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	Yes	Yes
XSE	**93351**	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	Yes	Yes
DHC	**93451**	Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed	Yes	Yes
DHC	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes
DHC	**93453**	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes
DHC	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	Yes	Yes
DHC	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes	Yes
DHC	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes	Yes
DHC	**93457**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes	Yes
DHC	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
DHC	**93459**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	Yes
DHC	**93460**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	Yes
DHC	**93461**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	Yes
DHC	**93593**	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Yes	Yes
DHC	**93594**	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Yes	Yes
DHC	**93595**	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Yes	Yes
DHC	**93596**	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Yes	Yes
DHC	**93597**	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections	Yes	Yes
NUC CARD	**0331T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Yes	Excluded
NUC CARD	**0332T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Yes	Excluded
CID	**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 / Experimental	Investigational / Experimental
CID	**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 / Experimental	Investigational / Experimental
CID	**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])	Yes	Yes
CID	**0516T**	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CID	**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	Yes	Yes
CID	**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)	Yes	Yes
CID	**0520T**	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Yes	Yes
CRID	**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	Yes	Yes
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	Yes	Yes
MR	**0610T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes	Yes
MR	**0611T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes	Yes
MR	**0612T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes	Yes
CRID	**0614T**	Removal and replacement of substernal implantable defibrillator pulse generator	Yes	Yes
CT	**0633T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes	Yes
CT	**0634T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes	Yes
CT	**0635T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Yes	Yes
CT	**0636T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Yes	Yes
CT	**0637T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Yes	Yes
CT	**0638T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
MRI	**0648T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. ***Effective 7/1/2021 AMA Additions***	Investigational / Experimental	Investigational / Experimental
MRI	**0649T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). **Effective 7/1/2021 AMA Additions**	Investigational / Experimental	Investigational / Experimental
MRI	**0697T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational / Experimental	Investigational / Experimental
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 / Experimental	Investigational / Experimental
CT (CTA)	**0710T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Investigational / Experimental	Investigational / Experimental
CT (CTA)	**0711T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational / Experimental	Investigational / Experimental
CT (CTA)	**0712T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Investigational / Experimental	Investigational / Experimental
CT (CTA)	**0713T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational / Experimental	Investigational / Experimental
NUC CARD	**0742T**	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Investigational / Experimental	Investigational / Experimental
CID	**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)	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CID	**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)	Yes	Yes
CID	**0797T**	Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Yes	Yes
CID	**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)	Yes	Yes
CID	**0802T**	Transcatheter removal and replacement of right atrial pacemaker component	Yes	Yes
CID	**0803T**	Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Yes	Yes
CID	**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	Yes	Yes
CID	**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	Yes	Yes
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	Yes	Yes
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)	Yes	Yes
CID	**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)	Yes	Yes
CID	**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	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
CID	**0923T**	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Yes	Yes
CID	**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	Yes	Yes
MRA	**C8900**	MRA Abdomen with contrast	Yes	Yes
MRA	**C8901**	MRA Abdomen without contrast	Yes	Yes
MRA	**C8902**	MRA Abdomen with and w/o contrast	Yes	Yes
MRI	**C8903**	MRI Breast with contrast, unilateral	Yes	Yes
MRI	**C8905**	MRI Breast with and without contrast, unilateral	Redirect	Excluded
MRI	**C8906**	MRI Breast Bilateral with contrast	Yes	Yes
MRI	**C8908**	MRI Breast Bilateral with and without contrast	Yes	Yes
MRA	**C8909**	MRA chest with contrast (excluding myocardium)	Yes	Yes
MRA	**C8910**	MRA chest without contrast (excluding myocardium)	Yes	Yes
MRA	**C8911**	MRA chest with and without contrast (excluding myocardium)	Yes	Yes
MRA	**C8912**	MRA lower extremity with contrast	Yes	Yes
MRA	**C8913**	MRA lower extremity without contrast	Yes	Yes
MRA	**C8914**	MRA lower extremity with and without contrast	Yes	Yes
MRA	**C8918**	MRA pelvis with contrast	Yes	Yes
MRA	**C8919**	MRA pelvis without contrast	Yes	Yes
MRA	**C8920**	MRA pelvis with and without contrast	Yes	Yes
MRA	**C8931**	MRA, with Dye, Spinal Canal	Yes	Yes
MRA	**C8932**	MRA, without Dye, Spinal Canal	Yes	Yes
MRA	**C8933**	MRA, without & with Dye, Spinal Canal	Yes	Yes
MRA	**C8934**	MRA, with Dye, Upper Extremity	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial and Medicare Requires PA	Medicaid Requires PA
MRA	**C8935**	MRA, without Dye, Upper Extr	Yes	Yes
MRA	**C8936**	MRA, without & with Dye, Upper Extr	Yes	Yes
MRI	**C9791**	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes
PET	**G0219**	PET Imaging Whole Body; Melanoma For Non-Covered Indications	Redirect	Excluded
PET	**G0235**	PET Imaging, Any Site, Not Otherwise Specified	Redirect	Excluded
PET	**G0252**	PET Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer	Redirect	Excluded
MRI	**S8037**	Magnetic resonance cholangiopancreato-graphy (MRCP)	Redirect	Excluded
MRI	**S8042**	Magnetic Resonance Imaging (MRI), Low-Field	Redirect	Excluded
PET	**S8085**	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated Pet Scan)	Redirect	Excluded
CT	**S8092**	Electron Beam Computed Tomography (Also Known As Ultrafast CT, CINET)	Yes	Excluded