

Univera
Cardiology and Radiology Code List

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

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33264	Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Investigational	Investigational	Investigational	
CID	64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCANS	70450	CT of the head or brain w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70460	CT of the head or brain w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70470	CT of the head or brain w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CTA	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70480	CT orbit , sella, posterior fossa outer, middle or inner ear w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70481	CT orbit , sella, posterior fossa outer, middle or inner ear w/contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70482	CT orbit , sella, posterior fossa outer, middle or inner ear w/ and w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70486	CT maxillofacial area including paranasal sinuses w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70487	CT maxillofacial area including paranasal sinuses w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CT SCAN	70488	CT maxillofacial area including paranasal sinuses w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70490	CT soft tissue neck w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70491	CT soft tissue neck w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70492	CT soft tissue neck w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70540	MRI orbit, face, neck w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70542	MRI orbit, face, neck w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70543	MRI orbit, face, neck w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70544	MRA or mrv of the brain w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70545	MRA or mrv of the brain w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70546	MRA or mrv of the brain w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70547	MRA or mrv carotid and vertebral arteries w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70548	MRA or mrv carotid and vertebral arteries w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	70549	MRA or mrv carotid and vertebral arteries w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70551	MRI of the brain w/out gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70552	MRI head w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70553	MRI head w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70554	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	70555	Functional MRI of the brain w/o physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71250	C T Thorax, Diagnostic; Without Contrast Material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71260	C T Thorax, Diagnostic; With Contrast Material(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71270	C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CT SCAN	71275	CTA chest	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	71550	MRI of the chest w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	71551	MRI of the chest w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	71552	MRI of the chest w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	71555	MRA or mrv chest w/o or w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72125	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72126	CT cervical spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72127	CT cervical spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72128	CT cervical spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72129	CT of the thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72130	CT of the thoracic spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72131	CT of the lumabr spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72132	CT of the lumbar spine w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72133	CT of the lumbar spine w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72141	MRI cervical spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72142	MRI of the cervical spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72146	MRI thoracic spine w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72147	MRI thoracic spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72148	MRI lumbar spine w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72149	MRI lumbar spine w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72156	MRI of the cervical spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72157	MRI thoracic spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72158	MRI lumbar spine w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	72159	MRA of the spinal canal	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CT SCAN	72192	CT of the pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72193	CT of the pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	72194	CT of the pelvis w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72195	MRI of the pelvis w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72196	MRI of the pelvis w gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	72197	MRI of the pelvis w & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	72198	MRA, Pelvis, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73200	CT of the upper extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73201	CT of the upper extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73202	CT of the upper extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73206	CT Angiography, UpprExtrem, W/O Contrast Matl(S), Followed By Contrast Matl(S), W/Image Post-Proc	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73218	MRI upper extremity other than joint including hand w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73219	MRI upper extremity other than joint including hand w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73220	MRI upper extremity other than joint including hand w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73221	MRI upper extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73222	MRI upper extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73223	MRI upper extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	73225	MRA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73700	CT lower extremity w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73701	CT lower extremity w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73702	CT lower extremity w/o & w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	73706	CT Angiography, Lower Extremity, W/O Contrast Matl(S), Followed ContrstMatl(S), W/Imag Post-Pr0cess	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73718	MRI lower extremity other than joints w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
MRI	73719	MRI lower extremity other than joints w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73720	MRI lower extremity other than joints w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73721	MRI lower extremity joint w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73722	MRI lower extremity joint w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	73723	MRI lower extremity joint w/ & w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	73725	MRA, Lower Extremity, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74150	CT abdomen w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74160	CT abdomen w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74170	CT abdomen w/ & w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74176	CT abdomen and pelvis w/o contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74177	CT abdomen and pelvis w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74178	CT abdomen one or both body regions w/o and w/ contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74181	MRI of the abdomen w/o gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74182	MRI of the abdomen w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	74183	MRI of the abdomen w/o and w/ gadolinium	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRA	74185	MRA, Abdomen, W/Wo Contrast	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

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

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
3DI	76377	3d Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	76380	CT Scan, Limited/Localized Follow-Up Study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	76390	MR Spectroscopy	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
ULTRASOUND	76801	Ultrasound first trimester (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76802	Ultrasound first trimester, each additional gestation (up to 14 weeks)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76805	Ultrasound after first trimester	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76810	Ultrasound after first trimester, each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76811	High risk fetal anatomy ultrasound single gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76812	Ultrasound detailed fetal, each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76813	Ultrasound, pregnant uterus, real time with image documentation single or first gestation, nuchal translucency measurement	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76814	Ultrasound, pregnant uterus, real time with image documentation, nuchal translucency measurement each additional gestation	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76815	Follow-up OB ultrasound (one or more gestations) after 14 weeks	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76816	Follow up OB ultrasound (one for each gestation)	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76817	Ob ultrasound transvaginal	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76818	Biophysical profile w/ non-stress testing	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76819	Biophysical profile w/o non-stress testing	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76820	Doppler velocimetry umbilical arteries	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76821	Doppler velocimetry middle cerebral arteries	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76825	Fetal echocardiography	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76826	Fetal echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
ULTRASOUND	76827	Fetal doppler echocardiography	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76828	Fetal doppler echocardiography follow-up or repeat	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76975	Gastrointestinal endoscopic ultrasound	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from program	Excluded from program	Excluded from program	
ULTRASOUND	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77011	CT for stereotactic localization	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77012	CT guidance for needle placement	Excluded from program	Excluded from program	Excluded from program	
CT SCAN	77013	CT guidance for procedures for ablation	Excluded from program	Excluded from program	Excluded from program	
MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Excluded from program	Excluded from program	Excluded from program	
DRAD	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78135	Red cell survival differential	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78191	Platelet survival study only	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78270	Schilling test	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78271	B-12 absorption with intrinsic factor	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78414	Central c-v hemodynamics (non-imaging) single or multiple	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78428	Cardiac shunt detection	Excluded from program	Excluded from program	Excluded from program	
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78451	Myocardial perfusion imaging with spect-single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78452	Myocardial perfusion imaging with spect-multiple studies	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78453	Myocardial perfusion imaging, planar rest or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78454	Myocardial perfusion imaging, planar rest and/or stress	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
PET SCANS	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC CARD	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
NUC MED	78481	Planar first pass cardiac radionuclide angiography	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
PET SCANS	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]
PET SCANS	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare state specific criteria per LCD: [NY]

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
PET SCANS	78608	Brain PET metabolic	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78609	Brain PET perfusion	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
NUC MED	78647	Csf flow spect	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78704	Kidney imaging with function study (imaging renogram)	Excluded from program	Excluded from program	Excluded from program	
NUC MED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
PET SCANS	78811	PET limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78812	PET skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78813	PET whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78814	PET/ CT limited area	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78815	PET/ CT skull base to mid thigh	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
PET SCANS	78816	PET/ CT whole body	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	Medicare criteria per NCD
NUC MED	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
ECHO	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Out of Scope	Out of Scope	Out of Scope	
ECHO	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete	Out of Scope	Out of Scope	Out of Scope	
ECHO	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study	Out of Scope	Out of Scope	Out of Scope	
ECHO	93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report	Out of Scope	Out of Scope	Out of Scope	
ECHO	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
ECHO	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Out of Scope	Out of Scope	Out of Scope	
ECHO	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Out of Scope	Out of Scope	Out of Scope	
ECHO	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete	Excluded from program	Excluded from program	Excluded from program	
ECHO	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study	Excluded from program	Excluded from program	Excluded from program	
ECHO	93325	Doppler echocardiography color flow velocity mapping	Excluded from program	Excluded from program	Excluded from program	
ECHO	93350	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), With Or Without M-Mode Recording, During Rest And Cardiovascular Stress Test, With Interpretation And Report	Excluded from program	Excluded from program	Excluded from program	
ECHO	93351	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation And Report; Including Performance Of Continuous Electrocardiographic Monitoring, With Supervision By A Physician Or Other Qualified Health Care Professional.	Excluded from program	Excluded from program	Excluded from program	
ECHO	93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Excluded from program	Excluded from program	Excluded from program	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC CATH	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Excluded from program	Excluded from program	Excluded from program	
CARDIAC CATH	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Excluded from program	Excluded from program	Excluded from program	
T-CODES	0042T	CT perfusion brain	Excluded from program	Excluded from program	Excluded from program	
NUC CARD	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational	Investigational	Investigational	
NUC CARD	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Investigational	Investigational	Investigational	
CCTA	0501T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program	
CCTA	0502T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Excluded from program	Excluded from program	Excluded from program	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CCTA	0503T	Analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Excluded from program	Excluded from program	Excluded from program	
CCTA	0504T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Excluded from program	Excluded from program	Excluded from program	
CARDIAC IMPLANTABLES	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Investigational	Investigational	Investigational	
MR	0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MR	0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For gorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
MR	0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CRID	0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CT SCAN	0633T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast Material	Investigational	Investigational	Investigational	
CT SCAN	0634T	C T Breast, Including 3d Rendering, When Performed, Unilateral; With Contrast Material(s)	Investigational	Investigational	Investigational	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CT SCAN	0635T	C T Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0636T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0637T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(s)	Investigational	Investigational	Investigational	
CT SCAN	0638T	C T Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(s)	Investigational	Investigational	Investigational	
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). Effective 11/1/2021 AMA Additions	Investigational	Investigational	Investigational	
MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational	Investigational	Investigational	
CT (CTA)	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CT (CTA)	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report. EFFECTIVE 05/01/22	Investigational	Investigational	Investigational	
CARDIAC IMPLANTABLES	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0796T	Transcatheter insertion of right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	

Category	CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare	Medicare specific criteria
CARDIAC IMPLANTABLES	0797T	Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0802T	Transcatheter removal and replacement of right atrial pacemaker component	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0803T	Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review	
CARDIAC IMPLANTABLES	0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	IUE	IUE	IUE	
CARDIAC IMPLANTABLES	0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	IUE	IUE	IUE	

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

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

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

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

Univera Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Investigational	Out of Scope	Investigational
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Investigational	Out of Scope	Investigational
62280	Injection/infusion neurolytic substance, w/wo therapeutic substance; subarachnoid	Investigational	Out of Scope	Investigational
62281	Injection/infusion neurolytic substance, w/wo therapeutic substance; epidural cervical/thoracic	Investigational	Out of Scope	Investigational
62282	Injection/infusion neurolytic substance; epidural, lumbar/caudal	Investigational	Out of Scope	Investigational
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Investigational	Out of Scope	Investigational
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Investigational	Out of Scope	Investigational
62322	Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62323	Injection(s), Of Diagnostic Or Therapeutic Substance(s) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62350	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62351	implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Investigational	Out of Scope	PA Medical Necessity Review
64479	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64483	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Investigational	Out of Scope	PA Medical Necessity Review
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Investigational	Out of Scope	Investigational
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Investigational	Out of Scope	Investigational
64632	Destruction by neurolytic agent; plantar common digital nerve	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0213T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic;single	Investigational	Out of Scope	PA Medical Necessity Review
0214T	Injection(s), diag or therapeutic agent, paravertebral facet jointwith ultrasound guidance, cervical or thoracic; second	Investigational	Out of Scope	PA Medical Necessity Review
0215T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; 3+	Investigational	Out of Scope	PA Medical Necessity Review
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level - Effective 8/21/2021	Investigational	Out of Scope	PA Medical Necessity Review
0217T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 2nd Level	Investigational	Out of Scope	PA Medical Necessity Review
0218T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 3rd Level	Investigational	Out of Scope	PA Medical Necessity Review
0627T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	Investigational	Out of Scope	Investigational
0628T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Redirects to 0627T	Out of Scope	Redirects to 0627T
0629T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; First Level	Investigational	Out of Scope	Investigational
0630T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Redirects to 0629T	Out of Scope	Redirects to 0629T
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
M0076	Prolotherapy	Investigational	Out of Scope	PA Medical Necessity Review

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

Univera Joint Services Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
23000	Removal of subdeltoid calcareous deposits, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23020	Capsular contracture release (eg, sever type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23120	Claviculectomy; partial	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23415	Coracoacromial ligament release, with or without acromioplasty	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23430	Tenodesis of long tendon of biceps	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23440	Resection or transplantation of long tendon of biceps	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23450	Capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23455	Capsulorrhaphy, anterior; with labral repair (eg, bankart procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
23460	Capsulorrhaphy, anterior, any type; with bone block	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27125	Hemiarthroplasty, hip, partial (e.g. femoral stem prosthesis, bipolar arthroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial and lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27334	Arthrotomy, with synovectomy, knee; anterior or posterior	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27403	Arthrotomy with meniscus repair, knee	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27412	Autologous chondrocyte implantation, knee	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27415	Osteochondral allograft, knee, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27418	Anterior tibial tubercleplasty (eg, maquet type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27420	Reconstruction of dislocating patella; (eg, hauser type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, campbell, goldwaite type procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27424	Reconstruction of dislocating patella; with patellectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27425	Lateral retinacular release, open	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27430	Quadricepsplasty (eg, bennett or thompson type)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27438	Arthroplasty, patella; with prosthesis	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27440	Arthroplasty, knee, tibial plateau	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29807	Arthroscopy, shoulder, surgical; repair of slap lesion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29863	Arthroscopy, hip, surgical; with synovectomy	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29873	Arthroscopy, knee, surgical; with lateral release	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
29916	Arthroscopy, hip, surgical; with labral repair	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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

Univera Spine Services Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Investigational	Out of Scope	PA Medical Necessity Review
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Investigational	Out of Scope	PA Medical Necessity Review
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22586	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Investigational	Out of Scope	Investigational
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)discect, prep interspace, snl intrspc; add'l interspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Investigational	Out of Scope	Investigational
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Investigational	Out of Scope	Investigational
22899	Unlisted procedure, spine	Out of Scope	Out of Scope	Out of Scope
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Investigational	Out of Scope	Investigational
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Investigational	Out of Scope	Investigational
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Investigational	Out of Scope	PA Medical Necessity Review
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Investigational	Out of Scope	PA Medical Necessity Review
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/OR Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar - Effective 8/21/2021	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63001	Laminectomy, w/o facetectomy/foraminotomy/discectomy, 1/2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63005	Laminectomy w/o facetectomy/foraminotomy/discectomy, 1/2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63012	Laminectomy w/removal, abnormal facets, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63015	Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63017	Laminectomy w/o facetectomy/foraminotomy/discectomy, > 2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63040	Laminotomy w/partl facetectmy/foramnotmy/herniated discect, re-exploratn, snlge interspc; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63042	Laminotomy w/partl facetectomy/foraminotomy/herniated discect, re-explor, snlge interspc; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63043	Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, snlge intrspc; each add'l cerv intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63044	Laminotmy w/partl facetect/foramnotmy/hern discect, re-expl, snlge intrspc; each add'l lumbar intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63045	Laminectomy, facetectomy & foraminotomy, 1 segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	Out of Scope	Out of Scope	Out of Scope
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	Out of Scope	Out of Scope	Out of Scope
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	Out of Scope	Investigational
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	Out of Scope	Investigational
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral, cervical or thoracic	Investigational	Out of Scope	Investigational
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Redirects to CPT Code 22510-22512	Out Of Scope	Redirects to CPT Code 22510-22512
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Redirects to CPT Code 22510-22512	Out Of Scope	Redirects to CPT Code 22510-22512
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Redirects to CPT Code 22513-22515	Out Of Scope	Redirects to CPT Code 22513-22515
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Redirects to CPT Code 22513-22515	Out Of Scope	Redirects to CPT Code 22513-22515
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Investigational	Out of Scope	Investigational
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Investigational	Out of Scope	Investigational

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

**Excellus
Radiation Oncology Code List**

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
Brachytherapy				
77761	Intracavitary radiation source application; simple	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77762	Intracavitary radiation source application; intermediate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77763	Intracavitary radiation source application; complex	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77789	Surface application of low dose rate radionuclide source	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Focal Ablation				
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Stereotactic Radiation Therapy				
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Neutron Beam Radiation Therapy				
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Intraoperative Radiation Therapy (IORT)				
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
Proton Beam Radiation Therapy				
77520	Proton treatment delivery; simple, without compensation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77522	Proton treatment delivery; simple, with compensation	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77523	Proton treatment delivery; intermediate	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77525	Proton treatment delivery; complex	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Radiation Treatment Delivery				
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77417	Therapeutic radiology port images(s)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9609	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Image-Guided Radiation (IGRT)				
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
Therapeutic Radiopharmaceuticals				
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
79101	Radiopharmaceutical, therapy, by intravenous administration	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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