

Horizon Cardiology and Radiology Code List

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIOLOGY	CARDIAC IMPLANTABLES	33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33212	Insertion or replacement of permanent pacemaker pulse generator only; single chamber, atrial or ventricular	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33213	Insertion or replacement of permanent pacemaker pulse generator only; dual chamber	Excluded from Program	Excluded from Program
CARDIOLOGY	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)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Excluded from Program	Excluded from Program
CARDIOLOGY	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)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary procedure)	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Excluded from Program	Excluded from Program

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CARDIOLOGY	CARDIAC IMPLANTABLES	33264	Removal of implantable defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system	Excluded from Program	Excluded from Program
CARDIOLOGY	CARDIAC IMPLANTABLES	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70470	CT of the head or brain without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT (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
RADIOLOGY	3DI	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Add-On code redirects to 70460, 70470, 70496, 70471	Add-On code redirects to 70460, 70470, 70496, 70471
RADIOLOGY	3DI	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Add-on code redirects to 70460, 70470, 70496, or 70471. The add-on code may be requested either in conjunction with one of these primary codes or as a standalone request.	Add-on code redirects to 70460, 70470, 70496, or 70471. The add-on code may be requested either in conjunction with one of these primary codes or as a standalone request.
RADIOLOGY	CT SCANS	70480	CT orbit , sella, posterior fossa outer, middle or inner ear without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70481	CT orbit , sella, posterior fossa outer, middle or inner ear with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70482	CT orbit , sella, posterior fossa outer, middle or inner ear with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70486	CT maxillofacial area including paranasal sinuses without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70487	CT maxillofacial area including paranasal sinuses with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70488	CT maxillofacial area including paranasal sinuses without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70490	CT soft tissue neck without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70491	CT soft tissue neck with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70492	CT soft tissue neck without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	MRI	70540	MRI orbit, face, neck without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70542	MRI orbit, face, neck with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70543	MRI orbit, face, neck with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70544	MRA or MRV of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70545	MRA or MRV of the brain with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70546	MRA or MRV of the brain without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70547	MRA or MRV carotid and vertebral arteries without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70548	MRA or MRV carotid and vertebral arteries with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	70549	MRA or MRV carotid and vertebral arteries without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70551	MRI of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70552	MRI head with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70553	MRI head with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70554	Functional MRI of the brain without physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	70555	Functional MRI of the brain with physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71250	CT thorax, diagnostic; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71260	CT thorax, diagnostic; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71270	CT thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	CT	71271	CT Chest, low dose for lung cancer screening, without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	71275	CT angiography chest, non-coronary	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	71550	MRI chest without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	71551	MRI chest with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	71552	MRI chest with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	71555	MRA chest (exc myocardium) with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72125	CT c spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72126	CT c spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	CT SCANS	72127	CT c spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72128	CT t spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72129	CT t spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72130	CT t spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72131	CT l spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72132	CT l spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72133	CT l spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72141	MRI cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72142	MRI cervical spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72146	MRI thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72147	MRI thoracic spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72148	MRI lumbar spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72149	MRI lumbar spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72156	MRI c spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72157	MRI t spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72158	MRI l spine with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	72159	MRA spinal canal with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72191	CT angiography pelvis	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72192	CT pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72193	CT pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	72194	CT pelvis without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72195	MRI pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72196	MRI pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	72197	MRI pelvis with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	72198	MRA pelvis with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review

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RADIOLOGY	CT SCANS	73200	CT upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73201	CT upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73202	CT upper extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73206	CT angiography upper extremity	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73218	MRI upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73219	MRI upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73220	MRI upper extremity with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73221	MRI upper extremity joint without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73222	MRI upper extremity joint with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73223	MRI upper extremity joint with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	73225	MRA upper extremity with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73700	CT lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73701	CT lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73702	CT lower extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	73706	CT angiography lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73718	MRI lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73719	MRI lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73720	MRI lower extremity with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73721	MRI lower extremity joint without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73722	MRI lower extremity joint with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	73723	MRI lower extremity joint with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	73725	MRA lower extremity with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74150	CT abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74160	CT abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74170	CT abdomen without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	CT SCANS	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74175	CT angiography abdomen	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74176	Computed tomography, abdomen and pelvis; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74181	MRI abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74182	MRI abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74183	MRI abdomen with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRA	74185	MRA abdomen with or without contrast	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	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
RADIOLOGY	CT SCANS	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74712	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	74713	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	75557	Cardiac magnetic resonance imaging for morphology and function without contrast	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast; with stress imaging	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	75561	Cardiac magnetic resonance imaging for morphology and function without contrast , followed by contrast material and further sequences	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	MRI	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

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

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	3D IMAGING	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	3D IMAGING	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	76380	CT limited or localized follow-up study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	76390	MRI SPECTroscopy	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	76497	Unlisted CT procedure	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	76498	Unlisted MRI procedure	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	76499	Unlisted radiologic procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	ULTRASOUND	76801	U/s ob pelvis, pregnant uterus, first trimester <14 weeks single or first gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76802	U/s ob pelvis, pregnant uterus, first trimester <14 weeks each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76805	U/s ob pelvis, pregnant uterus, b-scan	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76810	U/s ob pelvis complete, multiple gestation after 1st trimester	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76811	Us pregnant uterus fetal and maternal eval plus fetal anatomic eval transabdominal single or first gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76812	Us pregnant uterus fetal and maternal eval plus fetal anatomic eval transabdominal each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation.	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76815	U/s pregnant uterus, real time with image documentation, limited (e.g. fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76816	U/s ob pelvis follow up or repeat	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76817	Us pregnant uterus transvaginal	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76818	Fetal biophysical profile	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76819	Fetal biophysical profile without stress non stress	Excluded from Program	Excluded from Program

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RADIOLOGY	ULTRASOUND	76820	Doppler velocimetry, fetal; umbilical artery	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76821	Doppler velocimetry, fetal; middle cerebral artery	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76825	U/s ob echocardiography, fetal, cardiovascular system	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76826	Follow up or repeat study	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76827	Doppler echocardiography fetal complete	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76828	Follow up or repeat study	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76975	U/s gastrointestinal, endoscopic	Excluded from Program	Excluded from Program
RADIOLOGY	ULTRASOUND	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from Program	Excluded from Program
RADIOLOGY	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
RADIOLOGY	CT SCANS	77011	CT guidance stereotactic localization	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77012	CT guidance needle bx-rad s and i	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77013	CT guidance for and monitoring of tissue ablation	Excluded from Program	Excluded from Program
RADIOLOGY	CT SCANS	77014	CT guidance for placement of radiation therapy fields	Excluded from Program	Excluded from Program
RADIOLOGY	MRI	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
RADIOLOGY	MRI	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	CT SCANS	77078	CT bone density study, axial skeleton	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	77084	MRI bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78000	Thyroid uptake; single determination	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78001	Thyroid uptake; multiple determinations	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78003	Thyroid uptake stimulation, suppression or discharge (not including initial uptake studies)	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78006	Thyroid imaging, with uptake; single determination	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78007	Thyroid imaging, multiple determinations	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78010	Thyroid imaging; only	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78011	Thyroid imaging; with vascular flow	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78013	Thyroid imaging (including vascular flow, when performed);	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78015	Thyroid met imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78016	Thyroid met imaging with additional studies	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78018	Thyroid scan whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78020	Thyroid carcinoma metastases uptake	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78070	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78075	Adrenal nuclear imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78099	Unlisted endocrine procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78102	Bone marrow imaging, limited	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78103	Bone marrow imaging, multiple	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78104	Bone marrow imaging, whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78185	Spleen imaging with/without vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78195	Lymph system imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78199	Unlisted hematopoietic procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78201	Liver imaging	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78202	Liver imaging w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78215	Liver and spleen imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78216	Liver and spleen imaging w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78226	Hepatobiliary system imaging, including gallbladder when present	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78230	Salivary gland imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78231	Serial salivary gland	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78232	Salivary gland function test	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78258	Esophagus motility study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78261	Gastric mucosa imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78262	Gastroesophageal reflux exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78264	Gastric emptying imaging study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78265	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78266	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit, multiple days	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78270	Schilling test	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78271	B-12 absorption with intrinsic factor	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78278	Gi bleeder scan	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78282	Gi protein loss exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78290	Meckel's diverticulum imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78291	Leveen shunt patency exam	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78299	Unlisted gastrointestinal procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78300	Bone or joint imaging LTD	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78305	Bone or joint imaging multiple	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78306	Bone scan whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78315	Bone and/or joint imaging; 3 phase study	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78399	Unlisted musculoskeletal procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78414	Non-imaging heart function	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78428	Cardiac shunt imaging	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	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
Radiology	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
Radiology	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
Radiology	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
Radiology	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
Radiology	CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78445	Radionuclide venogram non-cardiac	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78451	Mpi, SPECT, single rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	78451	Myocardial perfusion imaging, tomographic (SPECT) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78452	Mpi, SPECT, multiple, rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR STRESS	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78453	Mpi, planar, single rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	NUCLEAR STRESS	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78454	Mpi, planar, multiple, rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
RADIOLOGY	NUCLEAR MED	78456	Acute venous thrombosis imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78457	Venous thrombosis imaging unilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78458	Venous thrombosis imaging bilateral	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78459	Myocardial imaging, positron emission tomography (PET) metabolic eval.	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78466	Myocardial infarction scan	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78468	Heart infarct image ef	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78469	Heart infarct image SPECT	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78472	Gated cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78472	Gated heart, rest or stress	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78473	Gated multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78473	Cardiac blood pool muga scan	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78481	Planar first pass cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78481	Heart first pass single	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78483	Planar first pass multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78483	Cardiac blood pool imaging, multi	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress	Excluded from Program (Managed under Cardiology)	Excluded from Program (Managed under Cardiology)
CARDIOLOGY	PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78494	SPECT equilibrium cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78494	Cardiac blood pool imaging, SPECT	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	NUCLEAR MED	78496	SPECT equilibrium multiple cardiac radionuclide angiography	Excluded from Program (Managed under Radiology Program)	Excluded from Program (Managed under Radiology Program)
RADIOLOGY	NUCLEAR MED	78496	Cardiac blood pool imaging, single at rest	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78499	Unlisted cardiovascular procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78579	Pulmonary ventilation imaging (eg, aerosol or gas)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78580	Pulmonary perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78597	Quantitative differential pulmonary perfusion, including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78599	Unlisted respiratory procedure	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78600	Brain imaging LTD static	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78601	Brain LTD imaging and flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78605	Brain imaging complete	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78606	Brain imaging complete w flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78608	Brain imaging, positron emission tomography (PET) metabolic evaluation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78609	Brain imaging, positron emission tomography (PET) , perfusion evaluation	PA Medical Necessity Review	Not covered
RADIOLOGY	NUCLEAR MED	78610	Brain flow imaging only	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78630	Cisternogram (cerebrospinal fluid flow)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78635	Cerebrospinal ventriculography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78645	Csf shunt evaluation	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78650	Csf leakage detection and localization	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78660	Radiopharmaceutical dacryocystography	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78699	Unlisted nuclear medicine procedure	Redirect to valid code	Redirect to valid code
RADIOLOGY	NUCLEAR MED	78700	Kidney imaging morphology	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78701	Kidney imaging morphology w vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78704	Kidney imaging with function study (imaging renogram)	Excluded from Program	Excluded from Program
RADIOLOGY	NUCLEAR MED	78707	Kidney imaging morphology w vascular flow and function study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78708	Kidney imaging morphology w vascular flow and function, single w pharm intervention	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78709	Kidney imaging morphology w vascular flow, multi, without and w pharm intervention	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78725	Kidney function study, non-image radioisotopic	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78730	Urinary bladder residual study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78740	Ureteral reflux study	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78761	Testicular imaging w vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78799	Unlisted genitourinary procedure	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	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), single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	NUCLEAR MED	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78813	Positron emission tomography (PET) imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78814	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg chest, head/neck)	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78815	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	PET SCANS	78816	Positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization imaging; whole body	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
Radiology	Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	NUCLEAR MED	78999	Unlisted misc.procedure diagnostic nuclear med	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with Spectral doppler echocardiography, and with color flow doppler echocardiography	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHOCARDIOGRAPHY	93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study	PA Medical Necessity Review	PA Medical Necessity Review
Cardiology	ECHO	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging Effective 01/06/22)	Investigational	Investigational
CARDIOLOGY	ECHOCARDIOGRAPHY	93320	Doppler echocardiography, pulsed wave and/or continuous wave with Spectral display; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93321	Doppler echocardiography, pulsed wave and/or continuous wave with Spectral display; follow-up or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHOCARDIOGRAPHY	93325	Doppler echocardiography color flow velocity mapping	Redirect to valid code	Redirect to valid code
CARDIOLOGY	ECHO STRESS	93350	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	ECHO STRESS	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.	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	CARDIAC CATH	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	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	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	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	T-CODES	0042T	CT perfusion brain	Excluded from Program	Excluded from Program
	CID	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Not Covered	Not Covered
	CID	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Not Covered	Not Covered
	CID	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Not Covered	Not Covered
	CID	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Not Covered	Not Covered
	CID	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Not Covered	Not Covered
RADIOLOGY	MR	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
RADIOLOGY	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
RADIOLOGY	MR	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	PA Medical Necessity Review	PA Medical Necessity Review

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	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
Radiology	MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. Effective 8/15/2021 AMA Additions	Investigational	Investigational
Radiology	MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). Effective 8/15/2021 AMA Additions	Investigational	Investigational
Radiology	MRI	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 Effective 01/06/22	Investigational	Investigational
Radiology	MRI	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) Effective 01/06/22	Investigational	Investigational
Radiology	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 01/06/22	Investigational	Investigational
Radiology	CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission Effective 01/06/22	Investigational	Investigational
Radiology	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 01/06/22	Investigational	Investigational
Radiology	CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report Effective 01/06/22	Investigational	Investigational
Nuclear Cardiology	NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Investigational	Investigational
RADIOLOGY	MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)		
RADIOLOGY	C-CODES	C8900	MRA with contrast, abdomen	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	C-CODES	C8901	MRA without contrast, abdomen	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8902	MRA with and without contrast, abdomen	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8903	MRI with contrast, breast; unilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8905	MRI with and without contrast, breast; unilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8906	MRI with contrast, breast; bilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8908	MRI with and without contrast, breast; bilateral	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8909	MRA with contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8910	MRA without contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8911	MRA with and without contrast, chest (excluding myocardium)	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8912	MRA with contrast, lower extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8913	MRA without contrast, lower extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8914	MRA with and without contrast, lower extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8918	MRA with contrast, pelvis	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8919	MRA without contrast, pelvis	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8920	MRA with and without contrast, pelvis	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8921	Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8922	Transthoracic echocardiography with contrast for congenital cardiac anomalies; f/u or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8923	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording; complete	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8924	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording; f/u or limited study	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8928	Transthoracic echocardiography with contrast, real-time with image documentation (2d), with/without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	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	Redirect to valid code	Redirect to valid code
CARDIOLOGY	C-CODES	C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	Redirect to valid code	Redirect to valid code

Product	Category	CPT® Code	CPT® Code Description	Commercial	Medicare
RADIOLOGY	C-CODES	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8934	Magnetic resonance angiography with contrast, upper extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8935	Magnetic resonance angiography without contrast, upper extremity	Redirect to valid code	Redirect to valid code
RADIOLOGY	C-CODES	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Redirect to valid code	Redirect to valid code
CARDIOLOGY	MR	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	PA Medical Necessity Review	PA Medical Necessity Review
CARDIOLOGY	MR	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
RADIOLOGY	MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent		
RADIOLOGY	G-CODES	G0219	PET imaging whole body; melanoma for non-covered indications	Redirect to valid code	Not covered
RADIOLOGY	G-CODES	G0235	PET imaging, any site, not otherwise specified	Redirect to valid code	Not covered
RADIOLOGY	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	Redirect to valid code	Not covered
RADIOLOGY	S-CODES	S8037	Magnetic resonance cholangiopancreatography (MRCP) crosswalk to 74183	Redirect to valid code	Redirect to valid code
RADIOLOGY	S-CODES	S8042	Magnetic resonance imaging (MRI), low-field (crosswalk to any MRI cpt code.)	Redirect to valid code	Redirect to valid code
RADIOLOGY	S-CODES	S8080	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Not Covered	Investigational
RADIOLOGY	S-CODES	S8085	Fluorine-18 fluorodeoxyglucose (f-18 FDG) imaging using dual head coincidence detection system. (non-dedicated PET scan)	Investigational	Not covered
RADIOLOGY	S-CODES	S8092	Electron beam computed tomography (also known as ultrafast CT, CINET)	Redirects to 75571	Redirects to 75571

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