

## SummaCare Radiology Code List

| Product   | Category | CPT® Code    | CPT® Code Description                                                                                                                                                                                                                          | SummaCare                                                                                                                                                                  | SummaCare<br>MEDICARE                                                                                                                                                      |
|-----------|----------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RADIOLOGY | MRI      | <b>70336</b> | MRI TEMPOROMANDIBULAR JOINT                                                                                                                                                                                                                    | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70450</b> | CT OF THE HEAD OR BRAIN W/O CONTRAST                                                                                                                                                                                                           | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70460</b> | CT OF THE HEAD OR BRAIN W/ CONTRAST                                                                                                                                                                                                            | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70470</b> | CT OF THE HEAD OR BRAIN W/O & W/ CONTRAST                                                                                                                                                                                                      | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CTA      | <b>70471</b> | 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      | <b>70472</b> | 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      | <b>70473</b> | 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 | <b>70480</b> | CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/O CONTRAST                                                                                                                                                                      | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70481</b> | CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/CONTRAST                                                                                                                                                                        | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70482</b> | CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/ AND W/O CONTRAST                                                                                                                                                               | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70486</b> | CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O CONTRAST                                                                                                                                                                                 | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70487</b> | CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/ CONTRAST                                                                                                                                                                                  | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70488</b> | CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O AND W/ CONTRAST                                                                                                                                                                          | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70490</b> | CT SOFT TISSUE NECK W/O CONTRAST                                                                                                                                                                                                               | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70491</b> | CT SOFT TISSUE NECK W/ CONTRAST                                                                                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70492</b> | CT SOFT TISSUE NECK W/O & W/ CONTRAST                                                                                                                                                                                                          | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70496</b> | CTA OF THE HEAD                                                                                                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | CT SCANS | <b>70498</b> | CTA OF THE CAROTID AND VERTEBRAL ARTERIES                                                                                                                                                                                                      | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |
| RADIOLOGY | MRI      | <b>70540</b> | MRI ORBIT, FACE, NECK W/O GADOLINIUM                                                                                                                                                                                                           | PA Medical Necessity Review                                                                                                                                                | PA Medical Necessity Review                                                                                                                                                |

| Product   | Category | CPT® Code | CPT® Code Description                                                                                                     | SummaCare                   | SummaCare<br>MEDICARE       |
|-----------|----------|-----------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| RADIOLOGY | MRI      | 70542     | MRI ORBIT, FACE, NECK W/ GADOLINIUM                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70543     | MRI ORBIT, FACE, NECK W & W/O GADOLINIUM                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70544     | MRA OR MRV OF THE BRAIN W/O GADOLINIUM                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70545     | MRA OR MRV OF THE BRAIN W/ GADOLINIUM                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70546     | MRA OR MRV OF THE BRAIN W/O AND W/ GADOLINIUM                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70547     | MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O GADOLINIUM                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70548     | MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/ GADOLINIUM                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 70549     | MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O AND W/ GADOLINIUM                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70551     | MRI OF THE BRAIN W/OUT GADOLINIUM                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70552     | MRI HEAD W/ GADOLINIUM                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70553     | MRI HEAD W/ & W/O GADOLINIUM                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70554     | FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 70555     | FUNCTIONAL MRI OF THE BRAIN W/ PHYSICAN OR PSYCHOLOGIST                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 71250     | COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 71260     | COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 71270     | COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT       | 71271     | COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 71275     | CTA CHEST                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 71550     | MRI OF THE CHEST W/O GADOLINIUM                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 71551     | MRI OF THE CHEST W GADOLINIUM                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 71552     | MRI OF THE CHEST W & W/O GADOLINIUM                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 71555     | MRA OR MRV CHEST W/O OR W/ GADOLINIUM                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72125     | CT CERVICAL SPINE W/O CONTRAST                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72126     | CT CERVICAL SPINE W/ CONTRAST                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72127     | CT CERVICAL SPINE W/O & W/ CONTRAST                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72128     | CT OF THE THORACIC SPINE W/O CONTRAST                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72129     | CT OF THE THORACIC SPINE W/ CONTRAST                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72130     | CT OF THE THORACIC SPINE W/O & W/ CONTRAST                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |

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|-----------|----------|-----------|---------------------------------------------------------------------------|-----------------------------|-----------------------------|
| RADIOLOGY | CT SCANS | 72131     | CT OF THE LUMBAR SPINE W/O CONTRAST                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72132     | CT OF THE LUMBAR SPINE W/ CONTRAST                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72133     | CT OF THE LUMBAR SPINE W/O & W/ CONTRAST                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72141     | MRI CERVICAL SPINE W/O GADOLINIUM                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72142     | MRI OF THE CERVICAL SPINE W/ GADOLINIUM                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72146     | MRI THORACIC SPINE W/O CONTRAST                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72147     | MRI THORACIC SPINE W/ GADOLINIUM                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72148     | MRI LUMBAR SPINE W/O GADOLINIUM                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72149     | MRI LUMBAR SPINE W/ GADOLINIUM                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72156     | MRI OF THE CERVICAL SPINE W/ & W/O GADOLINIUM                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72157     | MRI THORACIC SPINE W/ & W/O GADOLINIUM                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72158     | MRI LUMBAR SPINE W/ & W/O GADOLINIUM                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 72159     | MRA OF THE SPINAL CANAL                                                   | PA Medical Necessity Review | Not covered                 |
| RADIOLOGY | CT SCANS | 72191     | CTA OF THE PELVIS                                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72192     | CT OF THE PELVIS W/O CONTRAST                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72193     | CT OF THE PELVIS W/ CONTRAST                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 72194     | CT OF THE PELVIS W/O & W/ CONTRAST                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72195     | MRI OF THE PELVIS W/O GADOLINIUM                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72196     | MRI OF THE PELVIS W GADOLINIUM                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 72197     | MRI OF THE PELVIS W & W/O GADOLINIUM                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 72198     | MRA OR MRV OF THE PELVIS W/O OR W/ GADOLINIUM                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73200     | CT OF THE UPPER EXTREMITY W/O CONTRAST                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73201     | CT OF THE UPPER EXTREMITY W/ CONTRAST                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73202     | CT OF THE UPPER EXTREMITY W/O & W/ CONTRAST                               | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73206     | CTA OF THE UPPER EXTREMITY                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73218     | MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O CONTRAST          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73219     | MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/ GADOLINIUM         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73220     | MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O AND W/ GADOLINIUM | PA Medical Necessity Review | PA Medical Necessity Review |

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| RADIOLOGY | MRI      | 73221     | MRI UPPER EXTREMITY JOINT W/O GADOLINIUM                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73222     | MRI UPPER EXTREMITY JOINT W/ GADOLINIUM                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73223     | MRI UPPER EXTREMITY JOINT W/ & W/O GADOLINIUM                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 73225     | MRA OF THE UPPER EXTREMITY                                                                                                    | Investigational             | Investigational             |
| RADIOLOGY | CT SCANS | 73700     | CT LOWER EXTREMITY W/O CONTRAST                                                                                               | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73701     | CT LOWER EXTREMITY W/ CONTRAST                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73702     | CT LOWER EXTREMITY W/O & W/ CONTRAST                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 73706     | CTA OF THE LOWER EXTREMITY                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73718     | MRI LOWER EXTREMITY OTHER THAN JOINTS W/O CONTRAST                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73719     | MRI LOWER EXTREMITY OTHER THAN JOINTS W/ GADOLINIUM                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73720     | MRI LOWER EXTREMITY OTHER THAN JOINTS W/O AND W/ GADOLINIUM                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73721     | MRI LOWER EXTREMITY JOINT W/O GADOLINIUM                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73722     | MRI LOWER EXTREMITY JOINT W/ GADOLINIUM                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 73723     | MRI LOWER EXTREMITY JOINT W/ & W/O GADOLINIUM                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 73725     | MRA OF THE LOWER EXTREMITY                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74150     | CT ABDOMEN W/O CONTRAST                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74160     | CT ABDOMEN W/ CONTRAST                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74170     | CT ABDOMEN W/ & W/O CONTRAST                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74174     | CTA OF THE 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     | CTA OF THE ABDOMEN                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74176     | CT ABDOMEN AND PELVIS W/O CONTRAST                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74177     | CT ABDOMEN AND PELVIS W/ CONTRAST                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74178     | CT ABDOMEN ONE OR BOTH BODY REGIONS W/O AND W/ CONTRAST                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 74181     | MRI OF THE ABDOMEN W/O GADOLINIUM                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 74182     | MRI OF THE ABDOMEN W/ GADOLINIUM                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI      | 74183     | MRI OF THE ABDOMEN W/O AND W/ GADOLINIUM                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRA      | 74185     | MRA OF THE ABDOMEN W/O OR W/ GADOLINIUM                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS | 74261     | VIRTUAL COLONOSCOPY DIAGNOSTIC W/O CONTRAST                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |

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| RADIOLOGY | CT SCANS   | <b>74262</b> | VIRTUAL COLONOSCOPY DIAGNOSTIC W/ CONTRAST                                                                                                                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS   | <b>74263</b> | VIRTUAL COLONOSCOPY DIAGNOSTIC SCREENING INCLUDING IMAGE POSTPROCESSING                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | Not covered                 |
| RADIOLOGY | MRI        | <b>74699</b> | UNLISTED RADIOLOGIC PROCEDURE                                                                                                                                                                                                                                                                                                                  | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | MRI        | <b>74712</b> | MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>74713</b> | MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION ( LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>75557</b> | CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST                                                                                                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>75559</b> | CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST; W/ STRESS IMAGING                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>75561</b> | CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>75563</b> | CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES; W/ STRESS IMAGING                                                                                                                                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>75565</b> | CARDIAC MRI FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                                                                                                                                                                                                                              | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | CT SCANS   | <b>75571</b> | CORONARY ARTERY CALCIUM SCORING                                                                                                                                                                                                                                                                                                                | PA Medical Necessity Review | Not covered                 |
| RADIOLOGY | CT SCANS   | <b>75572</b> | CT HEART STRUCTURE AND MORPHOLOGY WITH CONTRAST                                                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS   | <b>75573</b> | 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   | <b>75574</b> | CTA CORONARY ARTERIES AND STRUCTURE AND MORPHOLOGY W/FUNCTION AND W/ CONTRAST                                                                                                                                                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS   | <b>75635</b> | CTA OF THE ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER EXTREMITY RUNOFF                                                                                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | 3D Imaging | <b>76376</b> | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | 3D Imaging | <b>76377</b> | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS   | <b>76380</b> | CT LIMITED OR LOCALIZED FOLLOW-UP STUDY                                                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>76390</b> | MR SPECTROSCOPY                                                                                                                                                                                                                                                                                                                                | Investigational             | Not covered                 |
| Radiology | MRI        | <b>76391</b> | MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY                                                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS   | <b>76497</b> | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE                                                                                                                                                                                                                                                                                                         | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | MRI        | <b>76498</b> | UNLISTED MRI PROCEDURE                                                                                                                                                                                                                                                                                                                         | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | ULTRASOUND | <b>76801</b> | ULTRASOUND FIRST TRIMESTER (UP TO 14 WEEKS)                                                                                                                                                                                                                                                                                                    | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76802</b> | ULTRASOUND FIRST TRIMESTER, EACH ADDITIONAL GESTATION (UP TO 14 WEEKS)                                                                                                                                                                                                                                                                         | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76805</b> | ULTRASOUND AFTER FIRST TRIMESTER                                                                                                                                                                                                                                                                                                               | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76810</b> | ULTRASOUND AFTER FIRST TRIMESTER, EACH ADDITIONAL GESTATION                                                                                                                                                                                                                                                                                    | Excluded from Program       | Excluded from Program       |

| Product   | Category   | CPT® Code    | CPT® Code Description                                                                                                                                                                                                     | SummaCare                   | SummaCare<br>MEDICARE       |
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| RADIOLOGY | ULTRASOUND | <b>76811</b> | HIGH RISK FETAL ANATOMY ULTRASOUND SINGLE GESTATION                                                                                                                                                                       | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76812</b> | ULTRASOUND DETAILED FETAL, EACH ADDITIONAL GESTATION                                                                                                                                                                      | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76813</b> | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION SINGLE OR FIRST GESTATION, NUCHAL TRANSLUCENCY MEASUREMENT                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76814</b> | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, NUCHAL TRANSLUCENCY MEASUREMENT EACH ADDITIONAL GESTATION                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76815</b> | FOLLOW-UP OB ULTRASOUND (ONE OR MORE GESTATIONS) AFTER 14 WEEKS                                                                                                                                                           | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76816</b> | FOLLOW UP OB ULTRASOUND (ONE FOR EACH GESTATION)                                                                                                                                                                          | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76817</b> | OB ULTRASOUND TRANSVAGINAL                                                                                                                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76818</b> | BIOPHYSICAL PROFILE W/ NON-STRESS TESTING                                                                                                                                                                                 | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76819</b> | BIOPHYSICAL PROFILE W/O NON-STRESS TESTING                                                                                                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76820</b> | DOPPLER VELOCIMETRY UMBILICAL ARTERIES                                                                                                                                                                                    | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76821</b> | DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERIES                                                                                                                                                                              | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76825</b> | FETAL ECHOCARDIOGRAPHY                                                                                                                                                                                                    | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76826</b> | FETAL ECHOCARDIOGRAPHY FOLLOW-UP OR REPEAT                                                                                                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76827</b> | FETAL DOPPLER ECHOCARDIOGRAPHY                                                                                                                                                                                            | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76828</b> | FETAL DOPPLER ECHOCARDIOGRAPHY FOLLOW-UP OR REPEAT                                                                                                                                                                        | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | ULTRASOUND | <b>76975</b> | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND                                                                                                                                                                                    | Excluded from Program       | Excluded from Program       |
| Radiology | ULTRASOUND | <b>76978</b> | ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); INITIAL LESION                                                                                                              | Excluded from Program       | Excluded from Program       |
| Radiology | ULTRASOUND | <b>76979</b> | ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); EACH ADDITIONAL LESION WITH SEPARATE INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                  | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | CT SCANS   | <b>77011</b> | CT FOR STEREOTACTIC LOCALIZATION                                                                                                                                                                                          | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | CT SCANS   | <b>77012</b> | CT GUIDANCE FOR NEEDLE PLACEMENT                                                                                                                                                                                          | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | CT SCANS   | <b>77013</b> | CT GUIDANCE FOR PROCEDURES FOR ABLATION                                                                                                                                                                                   | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | CT SCANS   | <b>77014</b> | CT GUIDANCE FOR RADIATION THERAPY FIELDS                                                                                                                                                                                  | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | MRI        | <b>77021</b> | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI        | <b>77022</b> | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation                                                                                                                                   | Excluded from Program       | Excluded from Program       |
| Radiology | BMRI       | <b>77046</b> | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL                                                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | BMRI       | <b>77047</b> | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL                                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | BMRI       | <b>77048</b> | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |

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| Radiology | BMRI        | <b>77049</b> | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | CT SCANS    | <b>77078</b> | CT BONE MINERAL DENSITY STUDY ONE OR MORE SITES AXIAL SKELETON (HIPS, PELVIS, SPINE)                                                                                                                                     | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | MRI         | <b>77084</b> | MRI, BONE MARROW BLOOD SUPPLY                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78012</b> | THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78013</b> | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78014</b> | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78015</b> | THYROID CARCINOMA METASTASES IMAGING LIMITED AREA                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78016</b> | THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES                                                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78018</b> | THYROID CARCINOMA METASTASES IMAGING WHOLE BODY                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78020</b> | THYROID CARCINOMA METASTASES UPTAKE (Add on code)                                                                                                                                                                        | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78070</b> | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78071</b> | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78072</b> | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78075</b> | ADRENAL NUCLEAR IMAGING CORTEX AND/OR MEDULLA                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78099</b> | UNLISTED ENDOCRINE PROCEDURE                                                                                                                                                                                             | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78102</b> | BONE MARROW IMAGING, LIMITED                                                                                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78103</b> | BONE MARROW IMAGING, MULTIPLE                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78104</b> | BONE MARROW IMAGING, WHOLE BODY                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78135</b> | RED CELL SURVIVAL DIFFERENTIAL                                                                                                                                                                                           | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78140</b> | LABELED RED CELL SEQUESTRATION                                                                                                                                                                                           | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78185</b> | SPLEEN IMAGING W/ OR WO VASCULAR FLOW                                                                                                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78190</b> | PLATELET SURVIVAL W/ OR W/OUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION                                                                                                                                                     | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78191</b> | PLATELET SURVIVAL STUDY ONLY                                                                                                                                                                                             | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78195</b> | LYMPH SYSTEM IMAGING (LYMPHOSCINTIGRAPHY)                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78199</b> | UNLISTED HEMATOPOETIC PROCEDURE                                                                                                                                                                                          | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78201</b> | LIVER IMAGING STATIC                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78202</b> | LIVER IMAGING W/ VASCULAR FLOW                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78215</b> | LIVER AND SPLEEN IMAGING STATIC                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78216</b> | LIVER AND SPLEEN IMAGING W VASCULAR FLOW                                                                                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78226</b> | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |

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| RADIOLOGY | NUCLEAR MED | <b>78227</b> | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED                                                                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78230</b> | SALIVARY GLAND NUCLEAR IMAGING                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78231</b> | SALIVARY GLAND NUCLEAR IMAGING WITH SERIAL IMAGING                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78232</b> | SALIVARY GLAND FUNCTION STUDY                                                                                                                                                                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78258</b> | ESOPHAGUS MOTILITY STUDY                                                                                                                                                                                                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78261</b> | GASTRIC MUCOSA IMAGING                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78262</b> | GASTROESOPHAGAEAL REFLUX STUDY                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78264</b> | GASTRIC EMPTYING IMAGING STUDY                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78265</b> | GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78266</b> | GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT, MULTIPLE DAYS                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78270</b> | SCHILLING TEST                                                                                                                                                                                                                                                                                | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78271</b> | B-12 ABSORPTION WITH INTRINSIC FACTOR                                                                                                                                                                                                                                                         | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78278</b> | GI BLEEDING SCINTIGRAPHY                                                                                                                                                                                                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78282</b> | GASTROINTESTINAL PROTEIN LOSS                                                                                                                                                                                                                                                                 | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78290</b> | INTESTINAL IMAGING                                                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78291</b> | PERITONEAL- VENOUS SHUNT PATENCY                                                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78299</b> | UNLISTED GASTROINTESTINAL PROCEDURE                                                                                                                                                                                                                                                           | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78300</b> | NUCLEAR BONE SCAN LIMITED                                                                                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78305</b> | NUCLEAR BONE SCAN MULTIPLE AREAS                                                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78306</b> | NUCLEAR BONE SCAN WHOLE BODY                                                                                                                                                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78315</b> | BONE SCAN THREE PHASE                                                                                                                                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78399</b> | UNLISTED MUSCULOSKELETAL PROCEDURE                                                                                                                                                                                                                                                            | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78414</b> | CENTRAL C-V HEMODYNAMICS (NON-IMAGING) SINGLE OR MULTIPLE                                                                                                                                                                                                                                     | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | <b>78428</b> | CARDIAC SHUNT DETECTION                                                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | CPET        | <b>78429</b> | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | CPET        | <b>78430</b> | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan     | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | CPET        | <b>78431</b> | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | CPET        | <b>78432</b> | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);                                                   | PA Medical Necessity Review | PA Medical Necessity Review |

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| Radiology | CPET        | <b>78433</b> | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78445</b> | NON-CARDIAC VASCULAR FLOW IMAGING                                                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78451</b> | MYOCARDIAL PERFUSION IMAGING WITH SPECT-SINGLE STUDY                                                                                                                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78452</b> | MYOCARDIAL PERFUSION IMAGING WITH SPECT-MULTIPLE STUDIES                                                                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78453</b> | MYOCARDIAL PERFUSION IMAGING, PLANAR REST OR STRESS                                                                                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78454</b> | MYOCARDIAL PERFUSION IMAGING, PLANAR REST AND/OR STRESS                                                                                                                                                                                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78456</b> | ACUTE VENOUS THROMBOSIS IMAGING                                                                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78457</b> | VENOUS THROMBOSIS IMAGING UNILATERAL                                                                                                                                                                                                                                                                         | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78458</b> | VENOUS THROMBOSIS IMAGING BILATERAL                                                                                                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78459</b> | 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 | <b>78466</b> | INFARCT AVID MYOCARDIAL IMAGING                                                                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78468</b> | INFARCT AVID MYOCARDIAL IMAGING WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE                                                                                                                                                                                                                               | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78469</b> | INFARCT AVID MYOCARDIAL IMAGING TOMOGRAPHIC SPECT                                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78472</b> | GATED CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78473</b> | GATED MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                              | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | NUCLEAR MED | <b>78481</b> | PLANAR FIRST PASS CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | NUCLEAR MED | <b>78483</b> | PLANAR FIRST PASS MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78491</b> | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78492</b> | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78494</b> | SPECT EQUILIBRIUM CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78496</b> | SPECT EQUILIBRIUM MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY                                                                                                                                                                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>78499</b> | UNLISTED CARDIOVASCULAR PROCEDURE                                                                                                                                                                                                                                                                            | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>78579</b> | PULMONARY VENTILATION (EG, AEROSOL OR GAS) IMAGING                                                                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |

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| 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      |
| RADIOLOGY | NUCLEAR MED | 78600     | BRAIN SCINTIGRAPHY STATIC LIMITED                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78601     | BRAIN SCINTIGRAPHY LIMITED WITH VASCULAR FLOW                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78605     | BRAIN SCINTIGRAPHY COMPLETE STATIC                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78606     | BRAIN SCINTIGRAPHY COMPLETE WITH VASCULAR FLOW                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78608     | BRAIN PET METABOLIC                                                                                                  | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78609     | BRAIN PET PERFUSION                                                                                                  | PA Medical Necessity Review | Not covered                 |
| RADIOLOGY | NUCLEAR MED | 78610     | BRAIN IMAGING VASCULAR FLOW                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78630     | CISTERNOGRAM                                                                                                         | 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     | SHUNT EVALUATION                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78650     | CSF LEAKAGE DETECTION                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78660     | RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY                                                                               | 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 (NUCLEAR) STATIC                                                                                      | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78701     | KIDNEY IMAGING (NUCLEAR) 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 FLOW AND FUNCTION, SINGLE STUDY W/O PHARMACOLOGIC INTERVENTION                                                | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78708     | KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ PHARMACOLOGICAL INTERVENTION, SINGLE                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78709     | KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ AND W/O PHARMACOLOGICAL INTERVENTION, MULTIPLE                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78725     | NUCLEAR NON-IMAGING RENAL FUNCTION                                                                                   | Excluded from Program       | Excluded from Program       |
| RADIOLOGY | NUCLEAR MED | 78730     | URINARY BLADDER RESIDUAL STUDY                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78740     | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | 78761     | TESTICULAR SCAN- VASCULAR FLOW AND DELAYED IMAGES                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SummaCare                   | SummaCare<br>MEDICARE       |
|-----------|------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| RADIOLOGY | NUCLEAR MED      | <b>78800</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78801</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days                                                                                                                                                                                                                           | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78802</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging                                                                                                                                                                                                                                                                                                                                 | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78803</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging                                                                                                                                                                                                                                                                    | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78804</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging                                                                                                                                                                                                                                                                                                                   | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78811</b> | PET LIMITED AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78812</b> | PET SKULL BASE TO MID-THIGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78813</b> | PET WHOLE BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78814</b> | PET/CT LIMITED AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78815</b> | PET/CT SKULL BASE TO MID THIGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78816</b> | PET/CT WHOLE BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PA Medical Necessity Review | PA Medical Necessity Review |
| Radiology | Nuclear Medicine | <b>78830</b> | 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 | <b>78831</b> | 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 | <b>78832</b> | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED      | <b>78999</b> | UNLISTED MISC.PROCEDURE DIAGNOSTIC NUCLEAR MED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | MR               | <b>0609T</b> | MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS                                                                                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MR               | <b>0610T</b> | MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS                                                                                                                                                                                                                                                                                                                                                                                | PA Medical Necessity Review | PA Medical Necessity Review |

| Product            | Category | CPT® Code    | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                     | SummaCare                   | SummaCare<br>MEDICARE       |
|--------------------|----------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| RADIOLOGY          | MR       | <b>0611T</b> | MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS                                                                                                                                                                                            | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY          | MR       | <b>0612T</b> | MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT                                                                                                                                                                                                                                                                                             | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY          | CT       | <b>0633T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL                                                                                                                                                                                                                                                                                                                                | Investigational             | Investigational             |
| RADIOLOGY          | CT       | <b>0634T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)                                                                                                                                                                                                                                                                                                                                | Investigational             | Investigational             |
| RADIOLOGY          | CT       | <b>0635T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)                                                                                                                                                                                                                                                                                                       | Investigational             | Investigational             |
| RADIOLOGY          | CT       | <b>0636T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)                                                                                                                                                                                                                                                                                                                              | Investigational             | Investigational             |
| RADIOLOGY          | CT       | <b>0637T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)                                                                                                                                                                                                                                                                                                                                 | Investigational             | Investigational             |
| RADIOLOGY          | CT       | <b>0638T</b> | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)                                                                                                                                                                                                                                                                                                        | Investigational             | Investigational             |
| Radiology          | MRI      | <b>0648T</b> | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. <b>Effective 7/1/2021 AMA Additions</b>                                  | Investigational             | Investigational             |
| Radiology          | MRI      | <b>0649T</b> | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). <b>Effective 7/1/2021 AMA Additions</b> | Investigational             | Investigational             |
| RADIOLOGY          | MRI      | <b>0697T</b> | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs                                                                        | Investigational             | Investigational             |
| RADIOLOGY          | MRI      | <b>0698T</b> | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)                                       | Investigational             | Investigational             |
| RADIOLOGY          | CT (CTA) | <b>0710T</b> | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report                                                       | Investigational             | Investigational             |
| RADIOLOGY          | CT (CTA) | <b>0711T</b> | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission                                                                                                                                                                                                                                                                           | Investigational             | Investigational             |
| RADIOLOGY          | CT (CTA) | <b>0712T</b> | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability                                                                                                                                            | Investigational             | Investigational             |
| RADIOLOGY          | CT (CTA) | <b>0713T</b> | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report                                                                                                                                                                                                                                                                      | Investigational             | Investigational             |
| Nuclear Cardiology | NUC CARD | <b>0742T</b> | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)                                                                                                                                                                                                | Investigational             | Investigational             |

| Product   | Category    | CPT® Code    | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                       | SummaCare                   | SummaCare<br>MEDICARE       |
|-----------|-------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| RADIOLOGY | MRI         | <b>0865T</b> | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | MRI         | <b>0866T</b> | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| RADIOLOGY | NUCLEAR MED | <b>C8900</b> | MRA WITH CONTRAST, ABDOMEN                                                                                                                                                                                                                                                                                                                                                                                                                                  | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8901</b> | MRA WITHOUT CONTRAST, ABDOMEN                                                                                                                                                                                                                                                                                                                                                                                                                               | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8902</b> | MRA WITH AND WITHOUT CONTRAST, ABDOMEN                                                                                                                                                                                                                                                                                                                                                                                                                      | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8903</b> | MRI WITH CONTRAST, BREAST; UNILATERAL                                                                                                                                                                                                                                                                                                                                                                                                                       | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8905</b> | MRI WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL                                                                                                                                                                                                                                                                                                                                                                                                           | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8906</b> | MRI WITH CONTRAST, BREAST; BILATERAL                                                                                                                                                                                                                                                                                                                                                                                                                        | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8908</b> | MRI WITH AND WITHOUT CONTRAST, BREAST; BILATERAL                                                                                                                                                                                                                                                                                                                                                                                                            | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8909</b> | MRA WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)                                                                                                                                                                                                                                                                                                                                                                                                             | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8910</b> | MRA WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)                                                                                                                                                                                                                                                                                                                                                                                                          | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8911</b> | MRA WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)                                                                                                                                                                                                                                                                                                                                                                                                 | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8912</b> | MRA WITH CONTRAST, LOWER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                                                                          | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8913</b> | MRA WITHOUT CONTRAST, LOWER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                                                                       | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8914</b> | MRA WITH AND WITHOUT CONTRAST, LOWER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                                                              | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8918</b> | MRA WITH CONTRAST, PELVIS                                                                                                                                                                                                                                                                                                                                                                                                                                   | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8919</b> | MRA WITHOUT CONTRAST, PELVIS                                                                                                                                                                                                                                                                                                                                                                                                                                | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8920</b> | MRA WITH AND WITHOUT CONTRAST, PELVIS                                                                                                                                                                                                                                                                                                                                                                                                                       | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8931</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS                                                                                                                                                                                                                                                                                                                                                                                     | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8932</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS                                                                                                                                                                                                                                                                                                                                                                                  | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8933</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS                                                                                                                                                                                                                                                                                                                                                        | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8934</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                                               | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8935</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                                            | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | NUCLEAR MED | <b>C8936</b> | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY                                                                                                                                                                                                                                                                                                                                                                  | Redirect to valid code      | Redirect to valid code      |
| RADIOLOGY | MRI         | <b>C9762</b> | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING                                                                                                                                                                                                                                                                                                                                | Investigational             | Investigational             |
| RADIOLOGY | MRI         | <b>C9763</b> | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING                                                                                                                                                                                                                                                                                                                                | Investigational             | Investigational             |
| RADIOLOGY | MRI         | <b>C9791</b> | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent                                                                                                                                                                                                                                                                                                                   |                             |                             |
| RADIOLOGY | G-CODES     | <b>G0219</b> | PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                | Investigational             | Not covered                 |
| RADIOLOGY | G-CODES     | <b>G0235</b> | PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED                                                                                                                                                                                                                                                                                                                                                                                                                | Redirect to valid code      | Redirect to valid code      |

| Product   | Category | CPT® Code    | CPT® Code Description                                                                                                                                                                | SummaCare              | SummaCare<br>MEDICARE  |
|-----------|----------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| RADIOLOGY | G-CODES  | <b>G0252</b> | PET IMAGING FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER (EG, INITIAL STAGING OF AXILLARY LYMPH NODES) | Investigational        | Not covered            |
| RADIOLOGY | S-CODES  | <b>S8037</b> | MRCP                                                                                                                                                                                 | Redirect to valid code | Redirect to valid code |
| RADIOLOGY | S-CODES  | <b>S8042</b> | MRI LOW FIELD                                                                                                                                                                        | Redirect to valid code | Not Covered            |
| RADIOLOGY | S-CODES  | <b>S8080</b> | SCINTIMAMMOGRAPHY                                                                                                                                                                    | Investigational        | Investigational        |
| RADIOLOGY | S-CODES  | <b>S8085</b> | FDG (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE DETECTION SYSTEM (NON-DEDICATED PET SCAN)                                                                                         | Investigational        | Investigational        |
| RADIOLOGY | S-CODES  | <b>S8092</b> | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)                                                                                                                | Investigational        | Investigational        |

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