EviCore
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Health New England

Health New England
Comprehensive Prior Authorization Procedure Code List

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiology	MR	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	Yes	Yes
Radiology	CT	70450	Computed tomography, head or brain; without contrast material	Yes	Yes	Yes
Radiology	CT	70460	Computed tomography, head or brain; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CTA	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Yes	Yes	Yes
Radiology	3DI	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	**Add-On code redirects to 70460, 70470, 70496, 70471**	**Add-On code redirects to 70460, 70470, 70496, 70471**	**Add-On code redirects to 70460, 70470, 70496, 70471**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiology	3DI	70473	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, 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.**	**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	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Yes	Yes	Yes
Radiology	CT	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	70486	Computed tomography, maxillofacial area; without contrast material	Yes	Yes	Yes
Radiology	CT	70487	Computed tomography, maxillofacial area; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	70490	Computed tomography, soft tissue neck; without contrast material	Yes	Yes	Yes
Radiology	CT	70491	Computed tomography, soft tissue neck; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes

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Radiology	CT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	MR	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	70544	Magnetic resonance angiography, head; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	70545	Magnetic resonance angiography, head; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	70547	Magnetic resonance angiography, neck; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	70548	Magnetic resonance angiography, neck; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	Yes	Yes
Radiology	MR	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	Yes	Yes
Radiology	MR	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Yes	Yes	Yes
Radiology	MR	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	Yes	Yes
Radiology	CT	71250	Computed tomography, thorax, diagnostic; without contrast material	Yes	Yes	Yes
Radiology	CT	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Yes	Yes	Yes

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Radiology	CT	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes	Yes
Radiology	CT	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	MR	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	Yes	Yes
Radiology	MR	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	Yes	Yes
Radiology	MR	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	72125	Computed tomography, cervical spine; without contrast material	Yes	Yes	Yes
Radiology	CT	72126	Computed tomography, cervical spine; with contrast material	Yes	Yes	Yes
Radiology	CT	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	72128	Computed tomography, thoracic spine; without contrast material	Yes	Yes	Yes
Radiology	CT	72129	Computed tomography, thoracic spine; with contrast material	Yes	Yes	Yes
Radiology	CT	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	72131	Computed tomography, lumbar spine; without contrast material	Yes	Yes	Yes
Radiology	CT	72132	Computed tomography, lumbar spine; with contrast material	Yes	Yes	Yes
Radiology	CT	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiology	MR	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	Yes	Yes
Radiology	MR	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	Yes	Yes
Radiology	MR	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	Yes	Yes
Radiology	MR	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Yes	Yes	Yes
Radiology	MR	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Yes	Yes	Yes
Radiology	MR	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Yes	Yes	Yes
Radiology	MR	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	CT	72192	Computed tomography, pelvis; without contrast material	Yes	Yes	Yes
Radiology	CT	72193	Computed tomography, pelvis; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	MR	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	73200	Computed tomography, upper extremity; without contrast material	Yes	Yes	Yes

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Radiology	CT	73201	Computed tomography, upper extremity; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	MR	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	73700	Computed tomography, lower extremity; without contrast material	Yes	Yes	Yes
Radiology	CT	73701	Computed tomography, lower extremity; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	MR	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes

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Radiology	MR	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Yes	Yes	Yes
Radiology	MR	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	74150	Computed tomography, abdomen; without contrast material	Yes	Yes	Yes
Radiology	CT	74160	Computed tomography, abdomen; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	Yes
Radiology	CT	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	CT	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	CT	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes	Yes	Yes
Radiology	CT	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes	Yes	Yes
Radiology	MR	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	Yes	Yes
Radiology	MR	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	Yes	Yes
Radiology	MR	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Yes	Yes	Yes
Radiology	MR	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	Yes	Yes
Radiology	CT	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	Yes	Yes

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Radiology	CT	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes	Yes	Yes
Radiology	CT	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	Yes	Yes
Radiology	MR	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes	Yes
Radiology	MR	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Radiology	CT	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Yes	Yes	Yes
Radiology	CT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	Yes
Radiology	3D Imaging	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works	**No**	**No**	**No**
Radiology	3D Imaging	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati	**No**	**No**	**No**
Radiology	CT	76380	Computed tomography, limited or localized follow-up study	Yes	Yes	Yes
Radiology	MR	76390	Magnetic resonance spectroscopy	Yes	Yes	Yes
Radiology	MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes	Yes	Yes
Radiology	CT	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	Yes	Yes
Radiology	MR	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiology	US	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	**No**	**No**	**No**
Radiology	US	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	**No**	**No**	**No**
Radiology	CT	77011	Computed tomography guidance for stereotactic localization	Yes	Yes	Yes
Radiology	CT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Yes	Yes	Yes
Radiology	CT	77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	Yes	Yes	Yes
Radiology	MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Yes	Yes	Yes
Radiology	MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	Yes	Yes	Yes
Radiology	MR	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes	Yes
Radiology	CT	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes	Yes
Radiology	CT	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Yes	Yes
Radiology	BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Yes	Yes
Radiology	CT	77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Yes	Yes	Yes
Radiology	MR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	Yes	Yes
Radiology	Nuclear Cardiac Med	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Yes	Yes	Yes
Radiology	Nuclear Cardiac Med	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Yes	Yes	Yes

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Radiology	Nuclear Cardiac Med	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	Yes	Yes
Radiology	Nuclear Cardiac Med	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Yes	Yes	Yes
Radiology	Nuclear Cardiac Med	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Radiology	Nuclear Cardiac Med	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine - Redirect to valid procedure	Yes	Yes	Yes
Radiology	PET	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	Yes
Radiology	PET	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	Yes	Yes
Radiology	PET	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Yes	Yes
Radiology	PET	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	Yes	Yes
Radiology	PET	78813	Positron emission tomography (PET) imaging; whole body	Yes	Yes	Yes
Radiology	PET	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Yes	Yes	Yes
Radiology	PET	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Yes	Yes	Yes
Radiology	PET	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Yes	Yes	Yes
Radiology	MR	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Yes	Yes	Yes

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Radiology	MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes	Yes	Yes
Radiology	MR	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes	Yes	Yes
Radiology	MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes	Yes	Yes
Radiology	CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes	Yes	Yes
Radiology	CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Yes	Yes	Yes
Radiology	CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Yes	Yes	Yes
Radiology	CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Yes	Yes	Yes
Radiology	CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Yes	Yes	Yes
Radiology	MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. Effective 7/1/2021 AMA Additions	Yes	Yes	Yes
Radiology	MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). Effective 7/1/2021 AMA Additions	Yes	Yes	Yes

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Radiology	MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	MRI	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	CCTA	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	CCTA	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	CCTA	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	CCTA	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	**Investigational/ Experimental**	**Investigational/ Experimental**	**Investigational/ Experimental**
Radiology	NUC CARD	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes

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Radiology	MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score	Yes	Yes	Yes
Radiology	MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, whe	Yes	Yes	Yes
Radiology	MR	C8900	Magnetic resonance angiography with contrast, abdomen	Yes	Yes	Yes
Radiology	MR	C8901	Magnetic resonance angiography without contrast, abdomen	Yes	Yes	Yes
Radiology	MR	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Yes	Yes	Yes
Radiology	MR	C8903	Magnetic resonance imaging with contrast, breast; unilateral	Yes	Yes	Yes
Radiology	MR	C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Yes	Yes	Yes
Radiology	MR	C8906	Magnetic resonance imaging with contrast, breast; bilateral	Yes	Yes	Yes
Radiology	MR	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Yes	Yes	Yes
Radiology	MR	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Yes	Yes	Yes
Radiology	MR	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Yes	Yes	Yes
Radiology	MR	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Yes	Yes	Yes
Radiology	MR	C8912	Magnetic resonance angiography with contrast, lower extremity	Yes	Yes	Yes
Radiology	MR	C8913	Magnetic resonance angiography without contrast, lower extremity	Yes	Yes	Yes
Radiology	MR	C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Yes	Yes	Yes
Radiology	MR	C8918	Magnetic resonance angiography with contrast, pelvis	Yes	Yes	Yes
Radiology	MR	C8919	Magnetic resonance angiography without contrast, pelvis	Yes	Yes	Yes
Radiology	MR	C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Yes	Yes	Yes
Radiology	MR	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiology	MR	C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Yes	Yes	Yes
Radiology	MR	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Yes	Yes	Yes
Radiology	MR	C8934	Magnetic resonance angiography with contrast, upper extremity	Yes	Yes	Yes
Radiology	MR	C8935	Magnetic resonance angiography without contrast, upper extremity	Yes	Yes	Yes
Radiology	MR	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Yes	Yes	Yes
Radiology	MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes	Yes
Radiology	MR	S8035	Magnetic source imaging	Yes	Yes	Yes
Radiology	MR	S8037	Magnetic resonance cholangiopancreatography (mrcp)	Yes	Yes	Yes
Radiology	MR	S8042	Magnetic resonance imaging (mri), low-field	Yes	Yes	Yes
Radiology	CT	S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	**Redirects to 75571**	**Redirects to 75571**	**Redirects to 75571**
Cardiology	MR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	Yes	**Out Of Scope**
Cardiology	MR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes	**Out Of Scope**
Cardiology	MR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Yes	Yes	**Out Of Scope**
Cardiology	MR	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes	Yes	**Out Of Scope**
Cardiology	MR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	Yes	**Out Of Scope**
Cardiology	CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	Yes	**Out Of Scope**
Cardiology	CT	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	CT	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation).	Yes	Yes	Out Of Scope
Cardiology	CT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	Yes	Yes	Out Of Scope
Cardiology	CCTA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care profes	Yes	Yes	Out Of Scope
Cardiology	CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes	Yes	Out Of Scope
Cardiology	CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes	Out Of Scope
Cardiology	CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes	Out Of Scope
Cardiology	CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes	Yes	Out Of Scope
Cardiology	CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an	Yes	Yes	Out Of Scope
Cardiology	PET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Yes	Yes	Out Of Scope
Cardiology	Nuclear Cardiac Med	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Yes	Yes	Out Of Scope
Cardiology	PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93451	Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes	Yes	Out Of Scope
Cardiology	Diagnostic Heart Catheterization (DHC)	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Diagnostic Heart Catheterization (DHC)	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Diagnostic Heart Catheterization (DHC)	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Yes	Yes	**Out Of Scope**
Cardiology	Diagnostic Heart Catheterization (DHC)	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)	**Add On Code Redirects to 33249, 33208**	**Add On Code Redirects to 33249, 33208**	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33212	Insertion of pacemaker pulse generator only; with existing single lead	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33213	Insertion of pacemaker pulse generator only; with existing dual leads	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Cardiac Implantable Devices (CID)	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Cardiac Implantable Devices (CID)	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Cardiac Implantable Devices (CID)	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Yes	Yes	Out Of Scope
Cardiology	Cardiac Implantable Devices (CID)	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Cardiac Implantable Devices (CID)	0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Cardiology	Cardiac Implantable Devices (CID)	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Yes	Yes	**Out Of Scope**
Cardiology	Cardiac Implantable Devices (CID)	0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	Yes	Yes	**Out Of Scope**
Musculoskeletal	Spine Surgery	20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs,Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural,Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22512	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body(List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22513	Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imgaing Guidance; Thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22515	Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body(List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separatelyin Addition To Code For Primary Procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22600	Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22853	Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Conjunction With Interbody Arthrodesis, Each Interspace (List Performed, To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis, Each Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(Ies) (Vertebral Body Resection, Partial Or Complete) Defect, In Conjunction With Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Efect (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Forminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg,Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Each Additional Vertebral Segment, Cervical, Thoracic, Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices (Eg, Wire, Suture, Mini-Plates), When Performed)	Yes	Yes	Yes

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Musculoskeletal	Spine Surgery	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63055	Transpedicular approach with decompression of spinal cord, equina and /or nerve root(s) (e.g., herniated intervertebral disc), single segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s), thoracic, single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s), thoracic, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic or lumbar, single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63090	Vertebral corpectomy (vertebral body resection), partial or complete , transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63091	Vertebral corpectomy (vertebral body resection), partial or complete , transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg. For tumor or retropulsed bone fragments); thoracic, single segment	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg. For tumor or retropulsed bone fragments); lumbar, single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg. For tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach,Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificialdisc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0274T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral, Cervical Or Thoracic.	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	E0748	Osteogenesis Stimulator; Electrical, Noninvasive, Spinal Applications	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	E0749	Osteogenesis Stimulator; Electrical, Surgically Implanted	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23000	Removal Of Subdeltoid Calcareous Deposits, Open	Yes	Yes	Yes

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Musculoskeletal	Joint Surgery	23020	Capsular Contracture Release (Eg, Sever Type Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23120	Claviculectomy; Partial	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23412	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open;Chronic	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23430	Tenodesis Of Long Tendon Of Biceps	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23440	Resection Or Transplantation Of Long Tendon Of Biceps	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23455	Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23462	Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)]	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27125	Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Joint Surgery	27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial OR Lateral	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial AND Lateral	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27334	Arthrotomy, With Synovectomy, Knee; Anterior OR Posterior	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27335	Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27403	Arthrotomy With Meniscus Repair, Knee	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27412	Autologous Chondrocyte Implantation, Knee	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27415	Osteochondral Allograft, Knee, Open	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27416	Osteochondral Autograft(S), Knee, Open (Eg, Mosaicplasty) (Includes Harvesting Of Autograft[S])	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27422	Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27424	Reconstruction Of Dislocating Patella;With Patellectomy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27425	Lateral Retinacular Release, Open	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27428	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27429	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27438	Arthroplasty, Patella; With Prosthesis	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Joint Surgery	27440	Arthroplasty, Knee, Tibial Plateau	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29807	Arthroscopy, Shoulder, Slap Repair	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Articular Surface (Mumford Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Partial Acromioplasty, With Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29828	Arthroscopy, Shoulder, Biceps Tenodesis	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Joint Surgery	29860	Arthroscopy, Hip, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29863	Arthroscopy, Hip, Surgical; With Synovectomy	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft[S])	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29870	Arthroscopy, Knee, Diagnostic, With Or Without Synoval Biopsy (Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29873	Arthroscopy, Knee, Surgical; With Lateral Release	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Joint Surgery	29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29882	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29883	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial And Lateral)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manipulation (Separate Procedure)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29914	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	29916	Arthroscopy, Hip, Surgical; With Labral Repair	Yes	Yes	Yes
Musculoskeletal	Joint Surgery	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	Yes	Yes
Radiation Therapy	Cardiac Focal Ablation	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	Yes	**Out Of Scope**
Radiation Therapy	Biology-Guided Radiotherapy	A9609	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	Yes	Yes	**Out Of Scope**
Radiation Therapy	Biology-Guided Radiotherapy	G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	Yes	Yes	**Out Of Scope**

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiation Therapy	Brachytherapy	0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77761	Intracavitary radiation source application; simple	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77762	Intracavitary radiation source application; intermediate	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77763	Intracavitary radiation source application; complex	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	77789	Surface application of low dose rate radionuclide source	Yes	Yes	Out Of Scope
Radiation Therapy	Brachytherapy	G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Yes	Yes	Out Of Scope
Radiation Therapy	Hyperthermia Treatment	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes	Out Of Scope
Radiation Therapy	Hyperthermia Treatment	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes	Out Of Scope
Radiation Therapy	Hyperthermia Treatment	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes	Out Of Scope
Radiation Therapy	Hyperthermia Treatment	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes	Out Of Scope
Radiation Therapy	Hyperthermia Treatment	77620	Hyperthermia generated by intracavitary probe(s)	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiation Therapy	Image-Guided Radiation "IGRT"	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes	Out Of Scope
Radiation Therapy	Image-Guided Radiation "IGRT"	77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	Yes	Yes	Out Of Scope
Radiation Therapy	Intraoperative Radiation Therapy (IORT)	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes	Out Of Scope
Radiation Therapy	Intraoperative Radiation Therapy (IORT)	77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes	Out Of Scope
Radiation Therapy	Neutron Beam Radiation Therapy	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Yes	Yes	Out Of Scope
Radiation Therapy	Proton Beam Radiation Therapy	77520	Proton treatment delivery; simple, without compensation	Yes	Yes	Out Of Scope
Radiation Therapy	Proton Beam Radiation Therapy	77522	Proton treatment delivery; simple, with compensation	Yes	Yes	Out Of Scope
Radiation Therapy	Proton Beam Radiation Therapy	77523	Proton treatment delivery; intermediate	Yes	Yes	Out Of Scope
Radiation Therapy	Proton Beam Radiation Therapy	77525	Proton treatment delivery; complex	Yes	Yes	Out Of Scope
Radiation Therapy	Radiation Treatment Delivery	77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiation Therapy	Radiation Treatment Delivery	77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Yes	Yes	Out Of Scope
Radiation Therapy	Radiation Treatment Delivery	77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed	Yes	Yes	Out Of Scope
Radiation Therapy	Radiation Treatment Delivery	77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	Yes	Yes	Out Of Scope
Radiation Therapy	Radiation Treatment Delivery	77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Yes	Yes	Out Of Scope
Radiation Therapy	Radiation Treatment Delivery	77499	Unlisted procedure, therapeutic radiology treatment management	Yes	Yes	Out Of Scope
Radiation Therapy	Stereotactic Radiation Therapy	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Yes	Yes	Out Of Scope
Radiation Therapy	Stereotactic Radiation Therapy	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	Yes	Out Of Scope
Radiation Therapy	Stereotactic Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Yes	Yes	Out Of Scope
Radiation Therapy	Stereotactic Radiation Therapy	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes	Out Of Scope
Radiation Therapy	Stereotactic Radiation Therapy	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Yes	Yes	Out Of Scope
Radiation Therapy	Therapeutic Radiopharmaceuticals	79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes	Out Of Scope
Radiation Therapy	Therapeutic Radiopharmaceuticals	79101	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes	Out Of Scope

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	Yes	**Out Of Scope**
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9606	Radium RA-223 dichloride, therapeutic, per microcurie	Yes	Yes	**Out Of Scope**
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	Yes	**Out Of Scope**
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	Yes	**Out Of Scope**
Radiation Therapy	Therapeutic Radiopharmaceuticals	C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Yes	Yes	**Out Of Scope**
Radiation Therapy	Therapeutic Radiopharmaceuticals	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Yes	Yes	**Out Of Scope**

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