EviCore By EVERNORTH

Health Alliance Plan
Radiology Code List

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70450	CT of the head or brain without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70460	CT of the head or brain with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70470	CT of the head or brain without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
CT	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70480	CT orbit , sella, posterior fossa outer, middle or inner ear without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70481	CT orbit , sella, posterior fossa outer, middle or inner ear with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70482	CT orbit , sella, posterior fossa outer, middle or inner ear with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70486	CT maxillofacial area including paranasal sinuses without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70487	CT maxillofacial area including paranasal sinuses with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70488	CT maxillofacial area including paranasal sinuses without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70490	CT soft tissue neck without contrast	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	70491	CT soft tissue neck with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70492	CT soft tissue neck without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70540	MRI orbit, face, neck without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70542	MRI orbit, face, neck with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70543	MRI orbit, face, neck with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70544	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70545	Magnetic resonance angiography, head, including image postprocessing; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70546	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70547	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70548	Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70549	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70551	MRI of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70552	MRI head with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70553	MRI head with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70554	Functional MRI of the brain without physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	70555	Functional MRI of the brain without physican or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71250	Computed tomography, thorax, diagnostic; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	PA Medical Necessity Review	PA Medical Necessity Review
CT	71271	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast, followed by contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71275	CTA chest	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71550	MRI of the chest without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71551	MRI of the chest with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71552	MRI of the chest with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	71555	MRA or MRV chest without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72125	CT cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72126	CT cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72127	CT cervical spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72128	CT cervical spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72129	CT of the thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72130	CT of the thoracic spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72131	CT of the lumabr spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	72132	CT of the lumbar spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72133	CT of the lumbar spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72141	MRI cervical spine without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72142	MRI of the cervical spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72146	MRI thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72147	MRI thoracic spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72148	MRI lumbar spine without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72149	MRI lumbar spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72156	MRI of the cervical spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72157	MRI thoracic spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72158	MRI lumbar spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72159	MRA OF THE SPINAL CANAL	PA Medical Necessity Review	Not Covered
MRA	72159	MRA of the spinal canal	PA Medical Necessity Review	Not Covered
CT SCANS	72191	CTA of the pelvis	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72192	CT of the pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72193	CT of the pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72194	CT of the pelvis without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	72195	MRI of the pelvis without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72196	MRI of the pelvis with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72197	MRI of the pelvis with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72198	MRA or MRV of the pelvis without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73200	CT of the upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73201	CT of the upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73202	CT of the upper extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73206	CTA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73218	MRI upper extremity other than joint including hand without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73219	MRI upper extremity other than joint including hand with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73220	MRI upper extremity other than joint including hand without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73221	MRI upper extremity joint without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73222	MRI upper extremity joint with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73223	MRI upper extremity joint with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73225	MRA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73700	CT lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73701	CT lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	73702	CT lower extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73706	CTA of the lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73718	MRI lower extremity other than joints without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73719	MRI lower extremity other than joints with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73720	MRI lower extremity other than joints without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73721	MRI lower extremity joint without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73722	MRI lower extremity joint with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73723	MRI lower extremity joint with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73725	MRA of the lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74150	CT abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74160	CT abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74170	CT abdomen with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74174	CTA of the abdomen and pelvis with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74175	CTA of the abdomen	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74176	CT abdomen and pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74177	CT abdomen and pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74178	CT abdomen one or both body regions without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	74181	MRI of the abdomen without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74182	MRI of the abdomen with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74183	MRI of the abdomen without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	74185	MRA of the abdomen without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74261	Virtual colonscopy diagnostic without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74262	Virtual colonscopy diagnostic with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74263	Virtual colonscopy diagnostic screening including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74712	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74713	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
CCTA	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75635	CTA of the abdominal aorta and bilateral illofemoral lower extremity runoff	PA Medical Necessity Review	PA Medical Necessity Review
3DI	76376	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	PA Medical Necessity Review	PA Medical Necessity Review
3DI	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	76380	CT limited or localized follow-up study	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76390	MR spectroscopy	Benefit Denial	Benefit Denial
MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76497	Unlisted computed tomography procedure	PA Medical Necessity Review	PA Medical Necessity Review

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	76499	Unlisted radiologic procedure	Excluded from Program	Excluded from Program
ULTRASOUND	76801	Ultrasound first trimester (up to 14 weeks)	Excluded from Program	Excluded from Program
ULTRASOUND	76802	Ultrasound first trimester, each additional gestation (up to 14 weeks)	Excluded from Program	Excluded from Program
ULTRASOUND	76805	Ultrasound after first trimester	Excluded from Program	Excluded from Program
ULTRASOUND	76810	Ultrasound after first trimester, each additional gestatation	Excluded from Program	Excluded from Program
ULTRASOUND	76811	High risk fetal anatomy ultasound single gestation	Excluded from Program	Excluded from Program
ULTRASOUND	76812	Ultrasound detailed fetal, each additional gestation	Excluded from Program	Excluded from Program
ULTRASOUND	76813	Ultrasound, pregnant uterus, real time with image documentation single or first gestation, nuchal translucency measurement	Excluded from Program	Excluded from Program
ULTRASOUND	76814	Ultrasound, pregnant uterus, real time with image documentation, nuchal translucency measurement each additional gestation	Excluded from Program	Excluded from Program
ULTRASOUND	76815	Follow-up ob ultrasound (one or more gestations) after 14 weeks	Excluded from Program	Excluded from Program
ULTRASOUND	76816	Follow up ob ultrasound (one for each gestation)	Excluded from Program	Excluded from Program
ULTRASOUND	76817	Ob ultrasound transvaginal	Excluded from Program	Excluded from Program
ULTRASOUND	76818	Biophysical profile with non-stress testing	Excluded from Program	Excluded from Program
ULTRASOUND	76819	Biophysical profile without non-stress testing	Excluded from Program	Excluded from Program
ULTRASOUND	76820	Doppler velocimetry umbilical arteries	Excluded from Program	Excluded from Program
ULTRASOUND	76821	Doppler velocimetry middle cerebral arteries	Excluded from Program	Excluded from Program
ULTRASOUND	76825	Fetal echocardiography	Excluded from Program	Excluded from Program
ULTRASOUND	76826	Fetal echocardiography follow-up or repeat	Excluded from Program	Excluded from Program
ULTRASOUND	76827	Fetal doppler echocardiography	Excluded from Program	Excluded from Program
ULTRASOUND	76828	Fetal doppler echocardiography follow-up or repeat	Excluded from Program	Excluded from Program
ULTRASOUND	76975	Gastrointestinal endoscopic ultrasound	Excluded from Program	Excluded from Program
ULTRASOUND	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Excluded from Program	Excluded from Program
ULTRASOUND	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Excluded from Program	Excluded from Program
CT SCANS	77011	CT for stereotactic localization	Excluded from Program	Excluded from Program
CT SCANS	77012	CT guidance for needle placement	Excluded from Program	Excluded from Program

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Excluded from Program	Excluded from Program
CT SCANS	77013	CT guidance for procedures for ablation	Excluded from Program	Excluded from Program
CT SCANS	77013	CT guide for tissue ablation	Excluded from Program	Excluded from Program
CT SCANS	77014	CT guidance for radiation therapy fields	Excluded from Program	Excluded from Program
MR	77021	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review
MRI	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
MR	77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	Excluded from Program	Excluded from Program
MRI	77022	MRI guidance for ablation	Excluded from Program	Excluded from Program
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
MAMMOGRAPHY	77054	X-ray of mammary ducts	Excluded from Program	Excluded from Program
CT SCANS	77078	CT bone mineral density study one or more sites axial skeleton (hips, pelvis, spine)	Excluded from Program	Excluded from Program
Nuclear Medicine	77084	MRI, bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78099	Unlisted endocrine procedure	Excluded from Program	Excluded from Program
NUCLEAR MED	78140	Labeled red cell sequestration	Excluded from Program	Excluded from Program
NUCLEAR MED	78191	Platelet survival study only	Excluded from Program	Excluded from Program
NUCLEAR MED	78199	Unlisted hematopoetic procedure	Excluded from Program	Excluded from Program
NUCLEAR MED	78282	Gastronintestinal protein loss	Excluded from Program	Excluded from Program
NUCLEAR MED	78414	Central c-v hemodynamics (non-imaging) single or multiple	Excluded from Program	Excluded from Program

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
Nuclear Medicine	78428	Cardiac shunt detection	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78499	Unlisted cardiovascular procedure - redirect to valid code	Excluded from Program	Excluded from Program
NUCLEAR MED	78599	Unlisted respiratory procedure	Excluded from Program	Excluded from Program
PET Scans	78608	Brain PET metabolic	PA Medical Necessity Review	PA Medical Necessity Review
NUCLEAR MED	78609	Brain PET perfusion	Not Covered	Not Covered
NUCLEAR MED	78725	Nuclear non-imaging renal function	Excluded from Program	Excluded from Program
NUCLEAR MED	78799	Unlisted genitourinary procedure	Excluded from Program	Excluded from Program
Nuclear Medicine	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78811	PET limited area	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78812	PET skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78813	PET whole body	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78814	PET/CT limited area	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78815	PET/CT skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78816	PET/CT whole body	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
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	Investigational	Investigational
MR	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Investigational	Investigational
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Investigational	Investigational
MR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Investigational	Investigational

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
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	Investigational	Investigational
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	Investigational	Investigational
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Investigational	Investigational
MR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Investigational	Investigational
CT	0633T	Computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast material	Investigational	Investigational
CT	0633T	Computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast material	Investigational	Investigational
CT	0634T	Computed tomography, breast, including 3d rendering, when performed, unilateral; with contrast material(s)	Investigational	Investigational
CT	0634T	Computed tomography, breast, including 3d rendering, when performed, unilateral; with contrast material(s)	Investigational	Investigational
CT	0635T	Computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Investigational	Investigational
CT	0635T	Computed tomography, breast, including 3d rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Investigational	Investigational
CT	0636T	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast material(s)	Investigational	Investigational
CT	0636T	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast material(s)	Investigational	Investigational
CT	0637T	Computed tomography, breast, including 3d rendering, when performed, bilateral; with contrast material(s)	Investigational	Investigational
CT	0637T	Computed tomography, breast, including 3d rendering, when performed, bilateral; with contrast material(s)	Investigational	Investigational
CT	0638T	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Investigational	Investigational
CT	0638T	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Investigational	Investigational
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. *Effective 7/1/2021 AMA Additions*	Investigational	Investigational
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). ***Effective 7/1/2021 AMA Additions***	Investigational	Investigational
MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational	Investigational
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	Investigational
CT (CTA)	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Investigational	Investigational
CT (CTA)	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational	Investigational

Catergory	CPT® Code	CPT® Code Description	Commercial	Medicare
CT (CTA)	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Investigational	Investigational
CT (CTA)	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational	Investigational
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Investigational	Investigational
MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	Add on code for Primary codes 70551, 70552, 70553	Add on code for Primary codes 70551, 70552, 70553
MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	PA Medical Necessity Review	PA Medical Necessity Review
G Codes	G0219	PET imaging whole body; melanoma for non-covered indications	Not Covered	Not Covered
S Codes	S8080	Scintimammography	Not Covered	Not covered
S Codes	S8085	FDG (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated pet scan)	Not Covered	Not covered
CT SCANS	S8092	Electron beam computed tomography (also known as ultrafast CT, CINET)	Not Covered	Not covered

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